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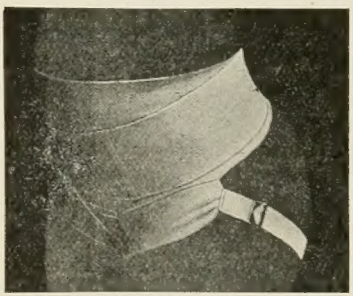

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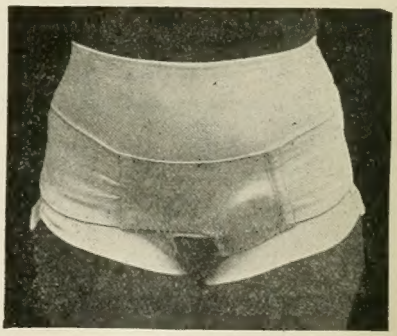

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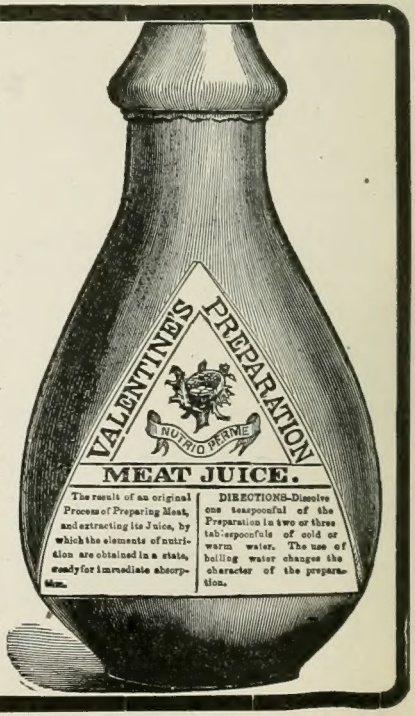
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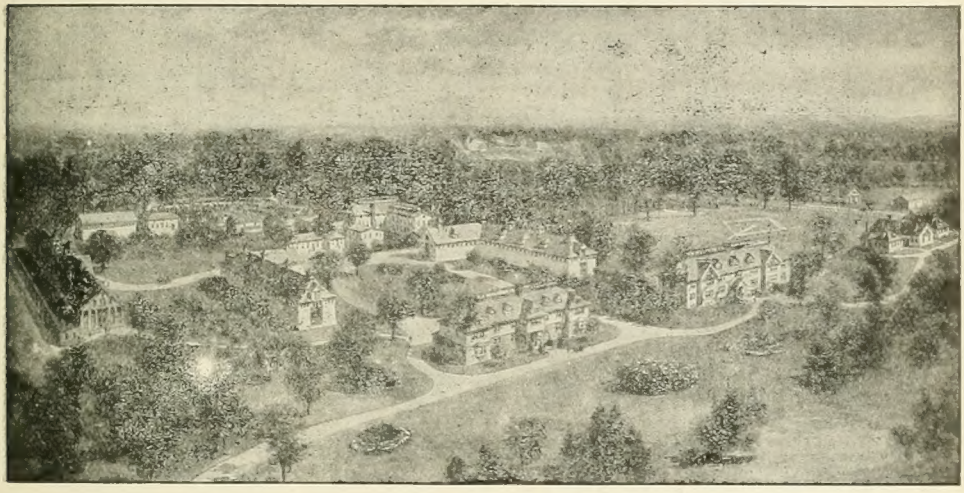

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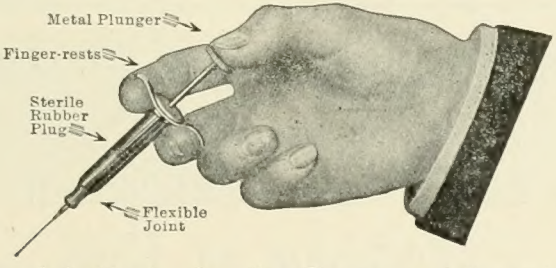

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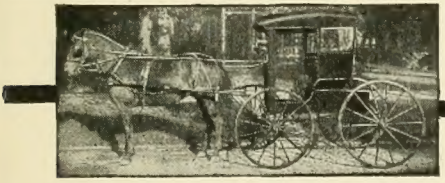

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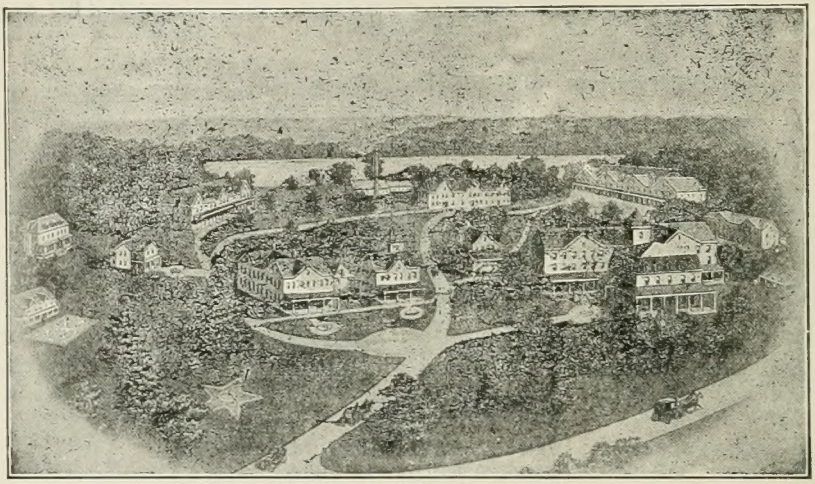

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BUREAU OF HOMŒOPATHY.

HAHNEMANN, THE LEADER OF A GREAT REFORMATION.

BY J. H. MCCLELLAND, M. D., PITTSBURGH, PA.

It is no small task to overturn theories and conditions that have been held hard and fast under the pressure of centuries. We may, on the contrary, assert that to overturn long accepted systems, in fact, to revolutionize rooted opinions and practices, requires genius of highest order, requires unswerving purpose, indeed requires all the elements that go to constitute the leader of a great reformation.

I am assigned the duty of presenting the name of Samuel Hahnemann as the leader of a great reformation in medicine. We might inquire first as to the necessity for reform in the practice of medicine at the time Hahnemann appeared on the scene.

The history of the period fully recounts the utterly chaotic condition of so-called medical science. Signs of upheaval there were to be sure in general learning. One of the allied sciences, chemistry, was awakening to fresh efforts and discoveries. Hahnemann himself had been complimented by the famous Berzelius as a chemist of great originality; his soluble mercury and tests for arsenic may be mentioned, but the practice of medicine itself remained, to say the least, uncertain, injurious and altogether without chart or compass. The vaunted remedy of yesterday was found to be utterly useless and even destructive to-day. Polypharmacy was rampant—ten, twenty, a hundred different ingredients commonly made up a single prescription.

Druggists were truthfully designated as "compounders." The use of drastic drugs was almost universal, and the mortality from almost every disease was truly appalling. Diseases lasted months that should only have lasted weeks, and twenty people died when there should have been but five. One was led to

exclaim, "If all the drugs in the world were cast into the sea it would be all the better for mankind and all the worse for the fishes."

At this period, too, it was counted good practice in all acute diseases, even typhoid fever, to bleed to the point of syncope. The lack of a true therapeutic system or governing principle in medicine gave full scope to individual theorizing or what might be termed the building of air castles of a medical sort. The faculty of the day talked of Hippocrates, Celsus and Galen as if no advance had been made since their day, as was well-nigh the case. Brunonianism, Callenism, Brousscisism, Solidism or humoralism ruled the hour, and in each case was heralded as the acme of science.

The pressing necessity of the time, therefore, was not simply a question of beliefs and doctrines, of words and theories, it was the paramount problem of saving human lives, or arresting the existing destructive methods in medicine. A widespread feeling of distrust and doubt was permeating the profession and the people as well.

It was at this critical period, as has been said, that Hahnemann appeared on the scene. A man of profound erudition, he was thoroughly acquainted with the learning of the schools, ancient and modern. Not only was he familiar with the medicine of the Greeks and Romans, but he laid tribute to the Arabic and Chaldaic as well. He was thorough master of the masters of all time, and he realized that the practice of his own period was little if any better than that of the most ancient.

It is little wonder, therefore, that he turned his back on the so-called science of medicine, and undertook the task of exposing its absurdities. One cannot express it better than to quote again the honest deliverance of the late John Syre Bristowe, once president of the British Medical Association, who, recognizing the service rendered to the profession and humanity by Hahnemann, expressed his opinion of him in the following unequivocal language: "He saw through the prevalent therapeutic absurdities and impostures of the day, he laughed to scorn the complicated and loathsome nostrums which even at that time disgraced the pharmacopœias, and he exposed with no little skill and success the emptiness and worthlessness of most of the therapeutic systems which then and theretofore prevailed."

It was a long and acrimonious contest that followed. The powerful philippics hurled by Hahnemann against the destructive methods of the time could not fail to bring down upon him the violent opposition of the faculty, and he accordingly suffered greatly, as did his followers for many a year. But this did not deter him from a courageous pursuit of his life's work. His masterly mind was ever active in its research for truth, and this way led to the discovery of the great cardinal principle that underlies the practice of scientific medicine, to-day a principle gov-

erning the curative application of drugs to disease, a principle founded on natural law.

After years of patient toil, making sure that he had discovered the very truth, that medicine could be employed for the relief of the sick in a rational and scientific manner, he freely gave his discoveries to the world.

But the practical application of this discovery like that of almost any great discovery was no easy matter. There was no exact record of the effect of drugs on the human organism by which to ascertain their scope and power for healing the sick.

It was, therefore, necessary to create an entirely new materia medica, and so with his faithful followers he began a series of experiments to ascertain the exact effect of drugs, not upon animals, but upon huuman beings, and human beings in health, moreover. This was a mighty task and occupied thebest years of his life, but was a task the accomplishment of which has made all mankind his debtor, both now and to the latest generations.

This is an old, old story to most of you, my colleagues, but as the new generations come on it is well to recount the deeds of old that they may be kept in remembrance.

In view of the foregoing, then, let us consider what claims we may make that Hahnemann was the leader or creator of a reformation in the healing art. Even by the testimony of his enemies it is conceded that he exposed the absurdities and fallacies of the medical practices of his day. He showed how human life was daily being sacrificed in the name of the humane science of medicine, and then with all the power of genius he developed on scientific lines an entirely distinct and rational practice of the healing art.

He founded a school of medicine with more adherents, a greater number of assailants, more extensive literature, and one that has extended a greater influence upon the art of healing than any which preceded it, and according to Sir John Forbes, "His name will descend to posterity as the exclusive founder of an original system of medicine, the remote, if not the immediate cause, of more important fundamental changes in the healing art than have resulted from any since the days of Galen himself."

All great movements for the enlightenment and elevation of mankind have been inaugurated under the leadership of genius mighty enough to rend asunder the bonds of conservatism.

Such a leader was Hahnemann.

His achievements marked the dawn of a new era in history. He laid his hand of steel upon the dangerous practices of his day and mightily wrenched the untenable hypotheses which served as a foundation for the practice of the period.

Instead of these he offered for the first time a scientific basis for the application of drugs to disease, instead of uncertain theories and more questionable methods, instead of fads and

fancies which have ever pervaded the practice of medicine, he substituted law and order.

Whatever science may bring to light to-day or to-morrow in restoring health to the sick, Nature's own mandate that "likes shall be treated by likes" shall ever remain as a guiding rule for the treatment of the sick, a rule based on natural law.

President George Burford, M. B., C. N., of the late International Congress in London, in his scholarly address (nothing finer in the language), epitomizes all definition in the following terse paragraph:

"Homœopathy is the oganization and development of the law of similars in its widest application; and the chief verification of Homœopathy is itself. It is the results in drug practice—the issues of its actual application to the problems of sickness and suffering that rank, it as a part of the order of Nature; that mark it as a great instrument devised by Nature for obliterating the discords of disease. How great this instrument has been in the past you may visualize by picturing the wholesale reforms in medicine effected by its compelling power."

It is not claimed by the followers of Hahnemann that he was the first or only one who touched on the idea of similars. Hippocrates had intimated that some diseases were cured by similars and some by contraries, that the colic-producing Hellebore would cure colic, but these were transient and individual observations. So also Paracelsus, or his disciple, Ivhann Rhummel, a century or so before Hahnemann, made mention of the phrase Similia Similibus Curentur, and yet they went no further.

Our own Benjamin Franklin conducted electricity from the clouds, but Morse created the wise language by which thought has encircled the world quicker than even Puck predicted.

It was Hahnemann who discovered, or re-discovered, if you please, the law governing the relation of drugs to disease in all their constancy. But also it was he who by the creation of a materia medica practically placed the manifested evidences of disease, called symptoms, in one column, and the recorded effects of drugs in the other—not the deadly parallel, my colleagues, but the benign pointings towards health.

Hahnemann may not have been the first to advocate the provings of drugs on the healthy human organism, it may have been Albrecht von Haller, but it was Hahnemann who not only advocated this method as the only scientific one, but who proceeded to produce materia medica pura by this method.

There is an interesting confirmation of the absolute necessity of this method reported by Vaughn and Novy (p. 26) with regard to the action of bacteria, namely, that "A given bacteria may not multiply in the blood of a dog, and failure to do so is by no means proof that the same organism might not cause disease in man."

The same is true of drugs. Hahnemann's contention is proved

correct by latest scientific research. No one can deny also that Hahnemann taught the value of diminished and divided doses, the cause of much good-natured and bad-natured badinage, but recent developments have again confirmed the value of this therapeutic requirement.

Think of the confirmatory experiments of Robin with infinitesimal quantities of the metals, of the constantly diminishing doses of tuberculin from the time of Koch to the present of Toudeau, of the amazing power of radium rays and of X-rays; think indeed of the general discoveries in the direction of the power of imponderables! Was Hahnemann so far astray?

No one can successfully deny that the principles enunciated by Hahnemann largely pervade the practice of medicine to-day, by whatever name it goes, whether in the use of drugs, or vaccines and serums, or even X-rays. It is, however, not alone in the founding of a school of medicine that he is entitled to high place in the Walhalla of scientific worthies. His title therein is due to the great fact that by the introduction of mild and gentle yet potent methods in the treatment of the sick he abolished and made unnecessary the violent, drastic and destructive methods that prevailed, and that he was the prime and moving cause of a tremendous change in the practice of the healing art gradually made manifest throughout the nineteenth century, and still exerting its influence to this day.

More than a hundred years have passed since Hahnemann proclaimed a law of cure and elaborated the methods by which it was made effective for the healing of the nations. Since then the practice of medicine has been revolutionized. All of his theories and deductions have not stood the test of modern scientific developments, nor should this excite unfavorable comment. The theories of the greatest scientists of the world are times without number found untenable; nevertheless, it is amazing how much of his work stands unshaken, the truth is always the truth.

We can, therefore, with confidence conclude that the history of medicine in all ages presents no figure at all comparable to this great leader, and we may further conclude that the whole civilized world is and will remain his debtor.

It might be well just to mention to some who may not have thought of the matter that Hahnemann himself never used any other form than similia similibus curentur, which he intended to use to explain a scientific rule of practice. He was not enunciating a law. That rule, of course, is based on law, and as the founder of a system of medicine he was laying down a rule of practice. Properly translated it means, Let likes be treated by likes.

DISCUSSION.

Dr. Fisher: To open this discussion I shall appoint Dr. J. D. Buck, of Cincinnati, and Dr. H. A. Whitmarsh, of Providence.

Dr. Buck was President of the American Institute at Waukesha in 1890,

if I remember the year rightly. He was professor of physiology in the Cleveland Homœopathic Medical College when I attended my first course in 1870 and it was my almost fatal privilege to have the use of an alcove room in the house in which the young professor lived.

J. D. Buck, M. D.: I have been getting full for the last 24 hours. I hope I am not "too full for utterance." But this one subject that has been presented here today, with the background of the addresses last evening, has brought up in my mind a great many things that I would like to say. I hardly feel justified, however, in taking the time to say them now because there are others here to speak upon this subject. It is a very interesting one. It is the crux of the whole homœopathic profession. But bearing in mind the addresses of last evening, and Dr. McClelland's splendid tribute to Hahnemann, bearing in mind the propaganda work that is being made and the two addresses that you have listened to here, how shall we increase the membership of the Institute, what arguments shall we present to determine students to attend homœopathic colleges? This whole subject, it seems to me, is up and open. I do not think that the homœopathic profession—I do not say this as a matter of criticism, but I do not think that the homœopathic profession as a whole realize the genius, the position, that the doctrine which they represent occupies or ought to occupy in the modern scientific world. Somebody has said that all truth goes through three phases: In the first place, people deny, and say it is not true. When that does not put it down, they say: Well, it does not agree with religion. They do not say whose religion or what religion. When that fails to put it down and it triumphs and goes over the world, they say: "Oh, everybody knew that before." And our old school friends have gotten to this last position and we have been snowed under, because, it seems to me, we do not assert with gentleness and persistence what Homœopathy really means, and what is back of it. There is more, I believe, back of Homœopathy than most doctors realize. What is modern science, and how has it been growing? It has been growing from a crude, physical, material concept of the universe to the spiritual, and now maybe some of you stand aghast and turn up the white of your eyes when I use the word "spiritual." What do you mean by spiritual? Something way off beyond the moon or in the ether? There are two poles to matter, but let me say in the first place that the primary concept with which all science begins is the concept of substance, then of movement, then of number, and you cannot go back of that. That is as far as we can go—substance, movement, number. Persistence of motion, indestructibility of matter, and union together secure perpetual motion in some form, and then it always moves according to absolute rhythmics; that is, according to numbers.

Now, Hahnemann's first proposition is that "the body during health is animated by a spiritual, self-moved Vital Power that holds it in harmonious order." How many realize what he meant by that—a spiritual, all-pervading vital power? It is the simplest thing in the world. Here we have a physical substance, we will say, and when it comes up here it gets finer and finer until through decades it gets into millions, yet it is the same substance, only at a different rate of vibrations. The two extremes constitute all of creation—matter and spirit (not nonsense, not something that impresses you maybe it is so and maybe it is not so). It is science. And so when Hahnemann says "all is animated by a spiritual, self-moved vital power," he states his first precept, his first concept. He did not discover that, he apprehended it. I can show where it goes back thousands and thousands of years. A hundred years ago Sir William Jones translated a sloka from the Sanskrit. Listen to it and compare it to Hahnemann: "The Divine mind hidden in a realm of gross darkness made for itself mirrors of the atoms and reflected its face in every atom." Is not that a concept of the spiritual and essential element in all that is back of nature and of the universe? Hahnemann applied this principle, this universal law which he understood clearly. He did not infringe upon

Paracelsus. It was known thousands of years before. When you come to the practice of medicine, to the application of drugs; it is not contraries, but similars. I have not time to show it now, but can demonstrate it as any mathematical proposition. This universal law that appears through all nature, applied to the cure of disease by the use of medicines—that application is exactly the same as Sir Isaac Newton's "first principle," "action and reaction are equal and opposite," measure for measure, so much drug so much effect; so much action in one direction, so much reaction in the other direction. This is not simply a law applicable to drugs, it comes down to the atoms of matter. According to the latest discoveries the scientists today are dealing with ions, and since the discoveries of Fraunhoffer they show that these substances, potassium, iron, etc., exist in the remotest nebulæ, where it takes thousands or millions of vibrations per second to reach the ether. That is demonstrated as a fact. The whole of modern science attests these truths. There is no exception to it whatever. Take the discovery of radium, and we have reached the point where the men recognized as the leading scientists of today have gone back to the theory of the spontaneous generation of energy and matter. When you and I were boys, what did they talk about? Physical atoms. What have they now? Well, stick your pin in the ether, give it a whirl, and it is an atom. It is the peculiar motion in the center, and the whole of science is progressing that way. I want to tell you Homœopathy begins right there, and is right abreast with the latest discovery of the sciences of today.

Another illustration I would like to give. The tendency today is to get back of things. Everything is on trial. Religion is on trial. Force is on trial. Homœopathy is on trial, and can you put it down? Never! We can fail to justify it and to exemplify it in the world. We can show how it is linked with all progress in the universal science, or we can fail to do that. Right here in Pittsburgh, through the fiery process, they are converting iron into steel and you look in vain for an infinitesimal percentage of the crude substance. It takes a good deal of smoke to make steel out of iron and to make a success of Pittsburgh. I want to show you how universal this primary concept is. Three things are necessary: substance, movement, energy. That is the primary structure in science. Science deals with demonstrated facts. It is not theory. Hahnemann dealt with the laws of nature, which he apprehended, and then he applied them as facts in the treatment of diseases and brought forth results. If you are going to rest on the effect you are going to produce I would say no medicine ever cured disease under heaven. That does not cure disease. What does cure disease? This vital, all-pervading, spiritual principle that holds the system in order. As soon as there is enough of that vital or life force the patient will get well—if you do not kill him with medicines!

Now come in chemistry, hydrotherapy and physical exercise—all of those things are essential to health.

It is not the drug that cures. Remove the obstructions and do all of the subsidiary things that put the vital force in the best condition, then the patient will cure himself. Under the same law you can put the metaphysical worker and the Christian science healer. The ideas of the latter did not originate with Mrs. Eddy. There was a book in my library 10 years ago in which every essential proposition Mrs. Eddy sets forth is traced back to Evans' "Mental Cure" and Goethe's "Elective Affinities." You have the law there. When you come to suggestion and hypnosis I say *no*. Not a bit of it! This principle with regard to movement and form I want to illustrate and show you that it goes back to every single atom in the universe. How do you know? Everything we know of, all chemical combinations, exercises, forces—all fit to this principle. I have seen a great many people, ladies in particular, wear a Swastica cross. Often the symbol conveys the meaning better than the words. It is a symbol of movement. The direction of the hooks determines the question

of giving and receiving. Another symbol that is far older than any modern civilization is found throughout all of the northern part of Asia and is called "yen and shin," the male and the female principle. One part is represented dark, that means matter. The other is represented light, and that means energy—one male, the other female; one giving, the other receiving. It is the symbol of sex upon which every crystallizable substance is crystallized. It is that which acts upon every single drop of water which falls from the clouds, through the varying temperature, and crystallizes it when it reaches the earth. These are the laws that lie back of the proposition of Hahnemann and for thousands of years, animated by the spiritual, self-moved vital energy, they have held the universe in harmonious order. When that is out of order, the pendulum shifting either to the one direction or to the other, to the male side or the female side, matter side or spiritual side, according to the law all you have to do is to shift the pendulum the other way.

I have given you a few illustrations, but the whole progress of science, since the discovery of the correlation of force and indestructibility of matter, has been upward toward the finer forces of nature, and those are spiritual forces. Why need we blush and stammer in using the word spiritual—material substances and spiritual substances? That has nothing to do with the meaning of soul. Some people use soul and spirit in confusion. I would not use them in that way. When I say spiritual substance I mean something more refined, the movement of which is so exceedingly rapid it is almost impossible to count it. Another scientist classified every substance that was known according to octaves and their combining numbers. This shows the law underlying the whole of nature, giving rise to every form of creation in the universe. That thought is not only absolutely permanent, but there comes in there at the same time harmony, which is the "music of the spheres." Take, for instance, the function of light and sound and perception of color in the human beings; begin with the lowest note of the scale—eight, sixteen, thirty-two and you finally come to the point of silence, as far as the human ear is concerned, not because the sound is not there. There is no silence. There is nothing invisible. Everything that is, is visible, but you and I may not be able to see it. It depends upon the refinement of sight. Forty years ago Dr. Draper spoke of the Circassian girls who by heredity, generation after generation, were able to distinguish 1,500 different shades of color and weave them into those beautiful Circassian shawls. So I say with regard to form and number and the subtle forces. They are inherent in nature, and that all we do as homœopaths, in the use of our high potencies or our low potencies, is to get on to this law and apply it as an art in the treatment of disease. And as to asking favors or making apologies to our old school friends—no! Not by any means. Put it right up before them with force, gentleness, kindness and above all things with intelligence, and say: "What are you going to do with that?" We can prove every single proposition and statement made over and over again, and instead of taking a back seat and apologizing for being homœopaths, or letting anybody put us in the party with the mourners in the pit, we should stand up and defend this thing, and show that no single crystal nor a snowflake forms in the sky that is not formed as a crystal in a peculiar, definite shape, according to this underlying law, which I have named here: the law of giving and receiving, action and reaction, male and female. I can show you some of the latest books in which it is carried still further than this.

THE CHAIRMAN: I am sure the audience will bear with me in not limiting Dr. Buck in his discussion. It is a remarkable treat and if he fails to attend the Institute hereafter I am going to turn him out.

Dr. Whitmarsh, will you favor us with five minutes?

H. A. WHITMARSH, M. D., Providence, R. I.: Mr. President and Fellow Members: I have been so entranced by Dr. Buck's flow of thought that,

if I can get down to terra firma, two minutes will suffice for my part in the discussion and our average time will be all right.

Dr. Fisher has made a mistake. I was to discuss Dr. Rand's paper, but what I have to say applies just as well here, because Dr. Hahnemann and Dr. Rand are so much alike. There is not much theory in either of them; I mean, not too much theory. There was not in Hahnemann and there should not be in us. His method was the Baconian, the inductive, the scientific. His theory was inevitable and necessary, to explain the facts resulting from his observations.

Now from reading Dr. Rand's paper, and from a casual survey of the list of subjects to be presented this morning, I think we are to have some practical talks, introspection,—housecleaning, if you please to call it; and this, if it be to improve ourselves, is at least commendable, for we have made some mistakes as well as the old school.

One mistake which some of us have made is the *sacrifice of principle to potency.*

Homœopathy has primarily nothing to do with dose. When, therefore, intoxicated by the cure of a disease with a high potency we hold ourselves aloof from those who cure with the low, claiming perhaps to be the "only true homœopaths," we do violence to the truth, confuse the public and weaken the cause.

When believing only in the low potency, we deride the high, and delegate to ethereal realms those using the high, we likewise confuse the public and weaken the cause.

Another mistake which we make, in common with other callings, is that we give too much attention to the making of a *living,* and too little to the making of a *life.* We are morally bound to make a living and feed our families. We are just as morally bound to make a life, if we do our whole duty,—not only to our own patients, but even to the patients of our professional brethren and to mankind. And it is a duty, and a moral duty, that we bring to public notice those bits of scientific truth, medical and surgical, which we have demonstrated for ourselves, and should be demonstrating to the race.

Dr. Fisher: Let the spirit move those freely who wish to speak on the subject and if you will do so promptly we can pass to the other papers without neglecting this.

We will now listen to Dr. Boger, who represents our friends of the ethereal element in Homœopathy.

C. M. Boger, M. D., Parkersburg, W. Va.: Dr. McClelland, if Hahnemann meant what he said he did not enunciate a law. Similia similibus curentur does not mean "like." It means "let like be cured by like" or "let likes be cured by likes." If likes are cured by likes it reads "curantur." There is no "if" in it.

Now, in our modern life and in coming in contact with students, the modern college graduate who comes to our homœopathic colleges,—you cannot appeal to him and say "let likes be cured by likes." That brings no appeal—absolutely none. The question is: Are likes cured by likes?—not "let." Modern science is not built on "let" and "if." It is built on what is and that is one of the fundamental weak points in the American Institute today. When they made the sentence in the Proceedings read "curentur" they made a fatal mistake. They made a fatal mistake, I say. There is no "if" in it. No cure ever took place in the world except by the law of similia. It does not make any difference what you give, or how you give it. Cure depends on action and reaction. It is the reaction that cures, and there is no "let" in it at all.

Now, you cannot appeal to the student or expound your materia medica in that weak-kneed sort of fashion. The materia medica today is used for the matching up of symptoms between the sick person and the pathogenesis. That is not a process of "if." Are the symptoms there, or are they not there? That is the question. If the symptoms are not there

the clinical case is not similar to any picture you can find in the materia medica and you cannot cure it.

Diseases are cured by the degree of similarity which is found between the existing symptoms in the materia medica and the clinical pictures with which you try to match them. The more active that picture is the more certain you are of making a rapid cure—cures that transcend our understanding, and you have no business at any time to make a slip-shod prescription upon request, and say this may or may not cure. There is no "may" or "may not" in it. It will cure if the case is curable, and if the picture is accurately taken and the reproduction in the materia medica is accurate. That is the one point I wish to bring out.

We cannot progress, we cannot grow, we cannot flourish like a green-bay tree on any "if" proposition. Homœopathic medicine is a positive science. It is not a question of being able to cure or a question of perhaps I can cure, perhaps I cannot. Until you come to the point where you teach the materia medica as it is given by Hahnemann, and no other way, and teach the Organon the way Hahnemann wrote it, and no other way; until you can see sickness, not from a pathological standpoint; until you can see sickness in its individuality and not by some label some man has put upon it—God has put a label upon sickness which you can duplicate from your mind—and when you once see sickness in that light you can cure it. You cannot apply Homœopathy until you do.

THE CHAIRMAN: I would say to Dr. Boger it is an impossible thing to leaven any lump from the outside, and if the ladies on membership will get after the doctor and get him on the inside then maybe that little leaven may leaven the whole lump.

A. KORNDOERFER, M. D., Philadelphia: Mr. Chairman: I scarcely am in a position to discuss the paper, as I have heard but a portion of it, but my knowledge of Dr. McClelland's views and of his veneration for the master makes me sure that I can fully agree with all he has said of Hahnemann and his work. I shall say, however, a few words in reference to some of the views expressed in discussions to which I have listened today. It appears that many, especially among the younger members of the profession, think that Hahnemann failed to heed certain essential features of practical medicine. If, however, these doubters and would-be progressives were but willing to study Hahnemann's works in the original, or in some approved translation, they would discover that much which they conceive to be new was intelligently treated by Hahnemann a century or more ago in his "Organon" and "Lesser Writings," and a few years later in his "Chronic Diseases."

Many seem to think that by reason of the great advance in all departments of science during the past few decades Hahnemann's views and methods must necessarily have become obsolete, and that new and, to their minds, better methods must have been discovered. Had they searched Hahnemann's writings they might have avoided grievous error.

True, some would turn liberty to license and violate every good rule, if old, simply because of a desire for the new. Others, failing to appreciate the wide horizon of Hahnemann's outlook, ignore such portions of his advice as point the way to correct hygiene and sanitation, and fail to note his advice as to surgical interference. Hahnemann recognized the need for surgery and clearly stated that whenever the functional activity of an organ is seriously impaired through the presence of an abnormal growth or by the pressure of an effusion in any of the cavities of the body the surgical removal of such growths or effusion is imperative. Better rule it would be hard to define. The more carefully we study Hahnemann's writings the more fully shall we appreciate the fact that he not only discovered the true therapeutic law for the selection of the curative drug, but that he saw its limitations and the need for surgical interference in accordance with definite physiologic reasons.

JAMES KRAUSS, M. D., Boston: I think that Hahnemann was more than a reformer. He was a discoverer. He made one of the two most

far-reaching discoveries in medicine. What did he discover? The dictum: Similia Similibus? No! We have heard that Hippocrates and Paracesus had already used the term similia similibus, and there was Theophrastus before Hippocrates, and Galen after Hippocrates, who used that term. What did Hahnemann then discover? Did he discover the necessity of testing drugs for human use? We have heard Dr. McClelland's statement that this was advocated first by Haller, which is correct. But Hahnemann did discover a fact as far-reaching as it was original, though overlooked by friend and foe alike. I pointed out this fact three or four years ago and I will state it now again. We must grasp the essentials rather than the non-essentials of medicine if we wish to make headway. Hahnemann discovered that drugs produced in the healthy body not merely one symptom, but series of symptoms, subjective and objective, corresponding to entire disease pictures. That is his great discovery, the discovery that should be brought to the attention of the medical world and properly utilized. This fact should not be lost sight of in the maze of disputations, because its discovery represents one of the two great achievements in medicine. Only after Hahnemann had found that drugs, when proved upon the body, did not produce single symptoms but entire disease pictures, he reasoned to the conclusion that likes be treated by likes. Hahnemann did not theorize. If you doubt this read paragraph 15 of his Organon and you will see the best refutation of most of the statements we have heard this morning. Theories were made by his followers and then put into his shoes.

SURGICAL AND GYNAECOLOGICAL SOCIETY.

BOWEL OBSTRUCTION.

BY FLORENCE N. WARD, M. D., SAN FRANCISCO, CAL.

The following cases have been selected for report from among the operations of the last year as possessing certain unusual features worthy of record:

CASE 1.—Bowel obstruction due to adhesion bands and intestinal adhesions, necessitating two abdominal sections during the course of a pregnancy.

Mrs. G. H. S., age 30, American; a vigorous, well nourished woman; married ten months. Menstrual history, puberty at 13 years old; menstruation every 28 days, lasting 7 days; painless flow; had always enjoyed excellent health.

She reported at the office July 27, 1911, with the symptoms of early pregnancy, having missed the usual monthly period. A diagnosis of pregnancy was made. Everything progressed normally except for an unusual degree of nausea and vomiting until October 12th, when she was seized with very violent pains in the lower right quadrant of the abdomen, accompanied by severe retching and vomiting and by abdominal tenderness and distention.

Physical examination showed that the pregnant uterus had risen midway between the umbilicus and pubes. Pelvic examina-

tion negative, both lateral fornices free. Abdominal examination revealed a tender tympanic abdomen with the area of greatest tenderness over McBurney's point. All efforts to relieve her extreme distress failing and inability to get the bowels to move operation was advised and accepted.

She was taken to the sanatorium and an abdominal section was performed October 16, 1911. An incision was made at the outer border of the right rectus muscle, and the peritoneum entered. Coils of greatly distended intestines presented together with the pregnant uterus.

The point of occlusion was found in the ileo-cæcal region, and was produced by an adhesion band extending from the appendix to the middle of the right fallopian tube, which had firmly constricted a loop of the ileum. The band was severed and the appendix removed, the normal peristalsis was quickly re-established and the patient made a good recovery. The pregnancy progressed uninterruptedly. There had evidently been an old right-sided salpingo-oophoritis with a complicating appendicitis.

Again everything assumed a normal course until two months had passed, when she was again seized with violent abdominal pain, this time located in the epigastrium and accompanied by vomiting and retching. The peristaltic wave could be clearly seen as it swept over the upper part of the abdomen, knotting up at the site of occlusion and ending each time with the retching and vomiting. There was no doubt of the diagnosis of intestinal obstruction again. Dr. Wallace Terry was called in consultation and confirmed the diagnosis, and agreed as to the necessity for surgical measures.

On January 2, 1912, a median incision was made above the umbilicus and loops of intestines presented, deeply congested and greatly distended. Examination revealed two loops of the small intestines adherent to the anterior surface of the fundus of the uterus, with about six inches of the intestine between the areas of adhesion. A torsion of this portion of the gut had taken place and occlusion was complete. The small intestine distal to the stricture was collapsed, while the distention of the bowel proximal to adhesion area was extreme, the intestinal wall showing scattered ecchymotic spots. The intestine was carefully separated from the fundus of the uterus and the two weakened and raw areas on the intestinal wall, each about an inch in diameter, was carefully sutured with fine linen sutures. The intestine was delivered outside the abdomen and covered with warm saline gauze, and gently massaged to restore the normal tone. As the gas began to pass downward the tension of the bowel was relieved, distention decreased and the deep purple hue gave way to the normal color. The intestines were returned to the abdomen, followed by the usual abdominal closure.

The patient made a rapid recovery, leaving the sanatorium in a little over two weeks. The pregnancy went on to full term,

and she was delivered of a well developed boy March 27, 1912, after a normal labor. The puerperal period was without incident; the uterus involuting normally and no abdominal symptoms whatever.

CASE 2.—Obstruction due to annular carcinoma at the junction of the descending colon and sigmoid. Recovery.

Mrs. C. M., age 73, American, widow, gave the history of having suffered for the last few years with gradually increasing constipation. I was called to see her in January, at which time it seemed almost impossible to obtain an evacuation of the bowels. There was the sense of obstruction located down in the lower right quadrant of the abdomen with the sensation of gas pressing against that point, and yet not able to pass. Under high enemas and general measures directed to the relief of her discomfort, she felt somewhat better until the beginning of February when absolute obstruction took place. When I was called to see the patient, I found that the bowels had not moved for four days, notwithstanding that vigorous measures had been directed toward that end; cathartics had been given freely and enemas had been administered without result. There was nausea and vomiting and great abdominal distention with severe pain.

The patient was taken to the sanatorium. Dr. Moffatt was called in consultation. The diagnosis was confirmed and operation advised. On February 17th, the next morning, abdominal section was performed, Dr. Bostford administering the anæsthetic and Drs. Terry and Brooks assisting.

OPERATION.

Median incision. Peritoneum entered, distended, large intestines immediately presented, cæcum enormously distended, and both large and small intestines were involved in the general distention. The occlusion site was found at the junction of the descending colon and sigmoid, an annular contraction ring, evidently carcinomatous, made an absolute occlusion. The pelvic viscera was normal, senile uterus extremely atrophic. Except at the occlusion site there was no evidence of any carcinomatous nodules at any point over the intestinal area. Before commencing the work at the sigmoid, the cæcum was punctured to permit the escape of gas and then the punctured point occluded by a linen purse string suture.

The carcinomatous area with at least two inches of normal intestine on either side was clamped and removed. The distal end of the descending colon and the proximal end of the sigmoid being cauterized with carbolic and alcohol, and inverted by a purse string of linen thread. The serosa on both stumps were united by continuous Lambert suture. A lateral anastomosis was then performed, using linen thread for the serous suture, and chromic catgut for uniting the mucous surfaces.

Before closing the abdomen an opening was made in the right

inguinal region, and the cæcum brought up and stitched to the parietal layer of the abdomen.

This point in the cæcum was then opened in twenty-four hours to relieve the distention and permit the fæcal accumulation to pass out, thereby relieving the tension at the anastamotic area for the first few days. By the third day the bowel had moved five times by the natural channel, the result of the large quantities of cathartics that had been given before the operation; the newly united anastamotic area bore the strain well, and the patient made a rapid recovery. Toward the end of her convalescence the opening in the cæcum was closed by purse string linen suture, the cæcum dropped, and the abdominal edges brought together. The patient made an excellent recovery and is now in good condition.

These two cases are presented as illustrating two entirely different types of lesions that are productive of intestinal obstruction, case 1 typifying the most frequent lesion producing intestinal disturbance in the young subject, namely, the inflammatory lesions and infections resulting in adhesions, particularly those that occur from infections in the right lower quadrant of the abdomen. In the case cited, the enlarging uterus had made traction upon an old walled-off infected area, stretching the adhesions until they interfered with intestinal action. It is in this class of cases that the prognosis is good, if surgical interference is inaugurated early enough to permit of the bowel after being released resuming its normal function.

In case 2 the lesion is essentially that of old age. In her case it was located in the large intestine, the most frequent site for the malignant neoplasm of the intestine. It is the form of occlusion that gives the greatest mortality rate. Unfortunately, in many of the cases of intestinal carcinoma, no external evidence is given of presence of the growth until the slowly increasing signs of obstruction appear. Unfortunately by that time the patient is toxic from the intestinal stasis and in poor condition to meet the necessary surgical intervention.

ANTERIOR MIDDLE GASTRO-JEJUNOSTOMY.

BY C. G. CRUMRINE, M. D., DETROIT, MICH.

The subject of my paper is, "Anterior Middle Gastro-Jejunostomy." The object of my paper is simply to bring out the discussion as to where is the best possible location in the stomach to make the opening. We all are thoroughly acquainted with the forms of the openings into the stomach by men of authority. I do not wish to pose as an authority by any means, but simply to recite to you my experience in opening the stomach anteriorly and in the middle.

A short time ago a young woman came to me. She is 36 years of age, the mother of three children. She presented all the clinical symptoms of duodenal ulcer, and later stricture. I felt that it was the proper thing to do an abdominal section. We found as expected a duodenal stricture, there having been undoubtedly at one time an ulcer, and there was enough exudate thrown out into the tissues to cause a complete stricture. The woman had been suffering intensely for twelve weeks, and had reached the point where she was so emaciated that with your thumb and little finger you could span the thigh at the upper portion. In fact, I have never seen an individual so poor in flesh as she was. On opening the abdomen the thought struck me: "This woman has absolutely nothing to lose, and everything to gain, and why not employ a new method?" Now the method that you are familiar with, and which I have seen employed by a good many of our stomach men, is the posterior marginal or anterior. The thought that struck me at the time was why did Nature when putting the stomach in bring the pyloric end of the stomach up almost parallel with the fundus? The next thought that struck me was the anatomical construction of the stomach, why we have longitudinal fibres for the circular, and then, too, that the stomach can empty itself from either end. Then the next thought that came to me was, that if we open the stomach about an inch about the marginal surface of the greater curvature, we are figuring in a very vascular territory, and then, too, after the stomach is operated upon it will soon drag down when food is given, and be unable to retain it very long.

Believing that the stomach is capable of emptying its contents from whatever opening we may make, I decided to open anteriorly and in the middle, so I brought the jejunum up to the mesentery of the transverse colon; and there is another point that I wish to make; I did not cut my way through, but broke my way through with my fingers, and consequently had little or no hæmorrhage. Being careful to make no larger opening than the jejunum would fill, and making sure that I had twelve or sixteen inches of slack in the jejunum, I brought up and sewed it across the anterior and middle portion of the stomach, using the same technique in that respect that all surgeons do, putting in the Moynihan suture, and then a second suture of catgut. Then came the opening of the jejunum. Fearing that the stomach might have difficulty in emptying itself I opened for a distance of 3½ inches. I opened the stomach the same distance, and then using a modified Moynihan suture, that is, starting from the outside in, then the inside out, crossing over from the outside in and the inside out, bringing together and rolling in the serous surface. The same thing can be accomplished by going along the two surfaces and driving the needle in and out, and when you bring them together your surfaces will roll in nicely, and in that way we close it up as quickly as possible.

Then the question came up—what about a hernia developing? Is it possible that that is going to sag down through the mesentery if not stitched? I did not believe so. Those of us who have noticed how quickly peritoneal adhesions take place have great faith in what Nature can do, and it is my belief that in doing surgery we use too much suture material, and Nature has too much catgut to absorb. In this case I used linen thread as the outer suture; catgut for the inner.

Now I have told you about the technique of opening the stomach in the anterior-middle, and all there is left for me to say is simply that my patient from that time on had no distress, no rise in temperature. I was a little leery about feeding the patient. I decided the best thing to give was lemon albumin. Now that is against the judgment of men of authority, but there is a right way and a wrong way to make lemon albumin. It is these little things that count. Take two drachms of granulated sugar dissolved in the juice of half a lemon, and to that add the white of one egg. If mixed thoroughly and given in that way we do not get lemon albumin that stands up like froth on a glass of beer. You get a solid drink in that way which is palatable. She was kept on lemon albumin and orange albumin every two hours alternately. There were no distressing symptoms until the fourth day. She then complained of hunger and pain. It then occurred to me that she should have something a little more solid, and I ordered some nice hot milk toast, which she took and said that she never ate anything that tasted so good. There was no distress following, and I then cut out the lemon albumin and gave milk toast, adding peptonized food and cracked ice. She continued to get better, and I gave her rice, tapioca and things of that sort.

She made a nice recovery. I operated on her on the 13th of March last. She was in to see me last week and she had to introduce herself, as I did not know her. She has taken on a great deal of flesh, is doing her own work and feeling well. Has no trouble whatever with digestion. She seems to be absolutely cured.

I make this report merely for the purpose of opening up a discussion as to the method of anterior-middle gastro-jejunostomy.

DISCUSSION.

Dr. G. M. Cushing, Chicago: It does not seem to me that it would have made much difference where the opening in the stomach was made, inasmuch as the patient was practically starving to death, and any opening made in the stomach would naturally have been very beneficial in this case, as it would have provided an outlet for the food. Under ordinary circumstances the performance of a gastro-jejunostomy is always advisable in cases of ulcer of the stomach and duodenum, provided there is no obstruction to the passage of food. Experiments which have been carried on in dogs seem to show that when there is a patent pylorus practically none of the stomach contents pass down through the artificial opening; most of it goes the other way, regardless of whether the open-

ing is an inch or three inches long. It seems to me that the ideal thing is to excise the ulcer if possible rather than make a gastro-enterostomy. For pyloric ulcer or gastric ulcer excision is sufficient to bring about a cure. In duodenal ulcer I have never had the courage to trust to healing without an enterostomy, preferably the posterior, as it seems to be the natural position through which the food would pass.

POST-OPERATIVE BACKACHE.

BY HOMER I. OSTROM, M. D., NEW YORK.

The backache following operations is frequently most distressing, and is the symptom from which the patient suffers more than from any other. This is especially true after gynæcological operations, and those that necessitate a prolonged lithotomy position, or the dorsal decubitus, as in abdominal section.

This backache is usually complained of the day following operation, and may increase for several days, gradually diminishing in severity until at the end of a week it has entirely disappeared. Or, in some instances, it remains during convalescence, or even after the case is dismissed as a surgical cure, giving rise to sciatica, and pain that involves the genito-crural nerve.

The causes of post-operative backache are to be sought in a prolonged strain of the sacro-iliac joints due to the position of the patient during the operation, and as may be expected, its severity and continuance are in direct ratio to the length of time consumed in the operation, and to certain structural peculiarities of the patient.

Anatomically, the pelvic articulations are recognized as true joints, being composed of the structures peculiar to joints, and it has been demonstrated that there is an actual though limited degree of motion between the sacrum and ilium.

Though these joints may have other functions, a principal use of motion at the base of the spine is to break any jar to the spine and brain that would otherwise be transmitted during locomotion, and to avert direct expenditure of force upon the superimposed nervous structures. Physiological use of these joints, therefore, would seem to be in the long axis of the body, and not transverse to it as must be the case during the dorsal position, continuation of which produces pathological strain.

Just anterior to the synchrondroses the sacral plexus of nerves rests on the pyriformis muscle, the branches of which as well as the plexus are in close relation with the sacro-iliac ligaments. Any prolonged strain, as a protracted illness, or the continued dorsal position following child-birth, or forced relaxation and effacement of the lumbar curvature during laparotomy or plastic work, is almost certain at least temporarily to cause a more or less severe form of nerve irritation, and a variable degee of pain in the back. In some instances this may far outlast the extreme limits of convalescence.

Our first concern will be to prevent as far as possible this distressing sequel of an operation by measures directed towards relieving the strain on the sacro-iliac joints which necessarily belongs to the operative position. With this object in view I am in the habit of giving support to the small of the back by placing a cushion, preferably a sand bag, something as hard as the operating table, in the lumbar curvature, to build up the arch, thus relieving strain on the sacro-iliac joints, and the lumbar articulations, and preventing injury to the sacral plexus of nerves. This is especially desirable in the case of women whose lumbar curve is usually more marked than in men, and the resulting freedom from post-operative backache testifies to the efficiency of this step in the operating room technique.

Post-operative treatment in the matter of allowing the patient freedom of motion and early change of position also does much to counteract the evil effects of lying so long on the back. Unless counter-indicated by some systemic or organic condition—but rarely to be considered—my nurses are instructed to encourage patients early to help themselves, and I always allow them to assume any position that may be comfortable and restful; in other words, I do all that I can to relieve muscle and nerve tension, which is always indicated by pain.

Following abdominal section such latitude of motion and position is greatly aided by the use of a well fitting binder. With this adjusted patients move more freely, with more confidence, and are more comfortable in a variety of positions. I have my laparotomy patients wear such a bandage for two or three weeks following an operation.

For remedial agents we naturally turn to those known to attack muscular, ligamentous and nervous structures. Rhus tox., Bryonia, Cimicifuga, and others will be thought of, but I have obtained the most satisfactory results from Hypericum per. I administer it in the IX, internally, and apply it locally in the form of an ointment.

℞. Hypericum per', tincture . . . . . 3i.
Menthol . . . . . 3i.
Petrolatum . . . . . 3ii.
M.

Menthol is added as a mild counter-irritant, and because of the relief it affords in localized nerve irritation.

Exercise.—Muscular exercise is of help in aiding metabolism. Williams emphasizes the importance of systematic and persistent exercise in the treatment of paralysis, convulsive states, occupation neuroses and stammering; and the re-education of aphasics.—*Baker, in Hahnemannian Monthly.*

BUREAU OF CLINICAL MEDICINE.

ROUTINE METHODS AND TECHNIQUE OF PHYSICAL DIAGNOSIS.

BY W. B. HINSDALE, M. D., ANN ARBOR, MICH.

INTRODUCTORY.

By physical diagnosis, I understand the recognition of the abnormalities of the body by means of the physical senses in direct contra-distinction to laboratory diagnosis which employs chemical methods and the microscope. Physical methods employ few instruments, such as the stethoscope, the thermometer and the sphygmomanometer, while the laboratory of the chemical and microscopic technician must be elaborately equipped with almost innumerable reagents, serum-making apparatus, animal cages, incubators, large quantities of peculiar glassware, objectives, blood counters, etc. Physical methods alone are sometimes incomplete and ambiguous; laboratory methods that disregard the physical state of the patient are not always satisfactory. The two must oftentimes go together, if accuracy is to be attained. I do not believe that diagnosticians are as acute in the recognition and interpretation of physical phenomena as they were formerly. For example, in suspected pulmonary tuberculosis, too much reliance is placed upon the finding of bacilli, and not enough, in the pre-bacillus stage, upon the searching examinations by inspection, palpation, percussion and auscultation. The result is likely to be that, in case the microscopical report is negative, an erroneous opinion is given that should be avoided by employing careful and intelligent physical methods.

In the remarks I have to offer I shall seek to avoid the part of the subject that must rely, for certainty, upon the laboratory, much as I value its necessary and important co-operation in diagnostic studies. I shall try to confine myself to the subject of physical diagnosis in the old fashioned sense.

Two things are essential in diagnosis: First, system; second, thoroughness. Unless one has a system or routine that he follows he can hardly be thorough. Many seem to lack system and to be uncertain as to when a review is over or whether any part of the candidate's anatomy, that has the liability of abnormality, has been omitted. Thoroughness necessitates knowledge of the natural and the ability to detect the abnormal. One cannot be a better diagnostician than he is anatomist or physiologist. The interpretative faculty is, of course, all important. A tyro may discern a deformity or observe an abnormality, but to associate it with other conditions and to account for such complex requires a trained faculty and interpretative judgment.

I cannot try to give much more than some general remarks and those upon a very small part of the subject. Neither is it possible to go into unusual conditions.

THE HEART.

The recognition and understanding of heart sounds require a trained and attentive ear and interpretation. The various organs of the body which produce sounds may speak in two dialects, one in the pure normal, the other in brogues, stammers and stutters, and when the babble is a concert of systolic, pre-systolic and diastolic murmurs, interspersed with thrills and varied by transmissions, it is difficult to recognize the several complaining voices even though individually communicated to different points of intensity. I know of no rule to lay down, except the one that makes emphatic the phrases and words; know the normal; know the possible deviations from normal; learn the language of the valves; be systematic; be thorough. The student should be drilled over the physiological chest until he becomes perfectly familiar with landmarks, sound areas, time, tone and pitch. This training acquaints the learner with what is normal. Having acquired it he is able to recognize the variations from the natural, although he has still to learn interpretation. This last phase of his training continues throughout professional life.

In examining the heart, one is liable, so soon as he finds an adventitious sound, to discontinue his examination and to make an incomplete diagnosis, overlooking the fact that lesions are often double or multiple. Since mitral leaks are so much more common than any others, or than all others, comprising about sixty-five per cent. of all heart lesions, it may be well to begin auscultation at the apex, although the proper anatomical order should be to follow the blood stream from the cavas to the aorta. Lesions at the mitral orifice, on account of their leading directly to changes in the lungs and the right heart, produce more complications than those at the juncture of the left ventricle and the aorta. For this reason they should be well worked out and recorded in the patient's history for future reference as to the progress of his case. It should be borne in mind that compensatory hypertrophy of the right ventricle in favorable cases should progress with a permanent mitral leak. In cases of stenosis at the left auriculo-ventricular ring, which state of affairs is often assoicated with mitral insufficiency, there arises a problem in auscultation requiring close scrutinizing and measurement as to time. The left auricle is prone to early dilatation on account of its relatively limited adaptability for increased muscular work. In each of its systolic efforts an unusual pressure has to be exerted to maintain the normal ventricular supply of blood. The auricle soon weakens, allowing pulmonic circulation to engorge. Resulting from this auricular inadequacy, the over-pressure in the pulmonary veins and arteries accentuates the semi-lunars and

embarrasses the right ventricle. This pressure demands muscular compensation and also accentuates, until the valves give way, the tricuspid sounds. Hence the problem; mitral stenosis, single or associated, with regurgitation from an accompanying insufficiency; or a mitral insufficiency liable sooner or later to be accompanied with a defect in the left aurio-ventricular ring, which ring may be regarded, like the tricuspid orifice, as a sphincter capable of expansion and contraction though never completely closing, conducing to the expansion of the auricle, owing to its naturally thin musculature and engorgement of the pulmonary circulation with short labored breathing and attacks of cyanosis and the damming back of the blood, producing increased eccentric pressure upon the right ventricle. If Nature does her best under these circumstances, the right ventricle enlarges its chamber and thickens its walls, and speaks out with a louder and more snappy click of the valves, until they also become insufficient, as will eventually occur if the process goes on progressively. The patient then presents a series of all around leaks and obstructions, from and including the mitral origin. Beside the auscultatory evidences to be deduced, there will be dilated or directly pulsating jugulars, a greatly congested liver with positive venous pulsations, and dropsy amounting at last to general anasarca.

The diagnostician should be able to determine by his various means of examination, auscultation and inspection mostly the stage to which the valvular and accompanying myocardial changes have advanced and the favorable or unfavorable progress the case is making. Much stress is laid upon the importance of percussion as a means of determining the cubic space occupied by a hypertrophied or dilated heart. As for myself I attach less importance to the areas of relative and absolute dullness in the precordia than to the quality and rhythm of the sounds. Independent or primary lesions of the pulmonaries and tricuspids are rare. They are, of course, of special interest to the pediatrician and also occur occasionally as results of heavy physical overstrain in teamsters and men of like occupation. I must place great emphasis upon their secondary liability to involvement and upon the importance, from a prognostic point of view, of their being detected.

Since lesions, which are usually progressive in their results and complications, move upstream or against the blood current from valve to valve, orifice to orifice and chamber to chamber, the technique must follow in scrutinizing detail every part through which the stream passes, from the farthest lesion in the stream, backward to and through the large veins.

The left ventricle by virtue of its reserve power is well adapted to changed conditions, and is quite sufficient, ordinarily, to protect for a long time its auricle, the lung and the right heart against impairment originating at its aortic outlet. For this reason the series of secondary events outlined under mitral in-

sufficiency and stenosis are not so liable to occur. The ventricle will compensate by hypertrophy and hold its guard, although its mitral valve will close more abruptly with an accentuation.

As men grow old, they are more and more predisposed to lesions of the aortic valves, arising mainly from sclerosed or atheromatous arteries. They are especially subject to this defect if the degeneration involves the arch or any other part of the aorta. Every person over fifty years of age is a possible candidate for this gradual change, which seems, on the other hand, not so likely to occur as sequelæ of inflammatory arthritis and infectious fevers, as in mitral disease.

The line of transmission of sounds is important and the transmitted sounds confusing. An aortic, regurgitant murmur is liable to be conveyed to the apex and the left lower extremity of the sternum, which must be differentiated from the mitral, diastolic murmur of stenosis. It is distinguished by its transmission to the carotids, also by the capillary pulse and by the water hammer pulse of Corrigan. Next to mitral insufficiency, which is an apex, systolic murmur transmitted to the axillary line and often as far as the left scapular angle, aortic insufficiency is the most frequent. It is diastolic in time, radiates from its center of greatest intensity at the right, second rib junction to the zyphoid and to and through the carotids. In pronounced cases there is a throbbing liver to be distinguished from the positive venous pulse in advanced multiple cases with tricuspid insufficiency and by the capillary pulse.

The terminal phenomena of lesions announcing themselves at the apex and at the base of the heart are different from the prognostic point of view. The former are likely to be slow and complicated with cyanosis, pulmonary engorgement, dropsy and postponement of the last breath, while diseases of the aortic opening are liable to have sudden fatalities, coming oftentimes without warning. The cases of heart disease reported to be found dead in bed probably belong to this class. Death is probably due to the release of a vegetative growth from the fringe of a valve leaf traveling as an embolus to the brain and causing immediate paralysis of the nerves presiding over the vital organs.

There are many grave phenomena of the heart not necessarily associated with valvular lesions with which the physical examiner must reckon. There is endocarditis which so often exists either as an acute or chronic inflammation before adventitious sounds are discernible; the tachycardia of Grave's disease; the bradycardia of the Adams-Stokes syndrome; the acute dilatations accompanying acute illnesses; the pulmonary accentuations and labored right heart of pneumonia; the pangs and shoulder pains symptomatic of the coronary sclerosis of angina pectoris; the progressive general hypertrophy of arterio-sclerosis; the kidney heart; the pseudo-murmurs of anæmias; the so-called irri-

table heart of the neuroses; friction sounds; the phenomena arising in the athlete's heart, and so on, the mere naming of which would make a list beyond the allotted time.

Every etiological factor favoring general arterio-sclerosis is important and the technique is not fully carried out until the arterial blood pressure is measured. When there is no other determinable cause for aortic valve lesions, the clinical rule is to suspect syphilis and to refer the subject to the serum specialist for his technical test.

Every examiner should acquire proficiency in direct and stethoscopic auscultation. The stethoscope, or one of its modifications, is very much more convenient, and probably may pick up sounds that escape the ear direct. A two-bell stethoscope is very useful in working out such cases as the non-synchronizing sounds of heart-block and in comparing the heart of a normal with that of an abnormal person. Thoroughness requires both the mediate and the immediate method in the same patient. I do not regard a person adequately trained in auscultation who must depend upon the stethoscope.

THE LUNGS.

The limits of time permit only slight references to physical diagnostic signs of the lungs. It requires no special training to recognize rales, rhonci, gurgles, bubbles and friction rubs. They are ancient murmurs so far as the pathological conditions that produce them are concerned, although often of short standing in point of time between origin and appearance. Of the commoner severe lung diseases pneumonia stands at the head of the list. The initial chill and fever often whisper the diagnosis in the ear of the physician before he makes a physical examination. If, with them, he sees the short, irregular breathing, hears the teasing cough and observes the facial wince caused by the sticking chest pains, about all there is to determine, by physical examinations, is the extent of lung involvement. But there is a wide distinction between the symptoms of the ordinary acute croupous pneumonia, and the pneumonic process which is associated with at least half a dozen other diseases. Pneumonia is, even in ordinary cases, usually accompanied with pleurisy. In protracted cases some discrimination is required to distinguish between an unresolved hepatization and an effusion. Solid as a pneumonic lung portion may become, owing to the presence of some air in the larger bronchial tubes, it retains its timbre with a dull percussion note. If there be fluid in the pleural cavity, timbre is lacking and the percussion note, up to the level of the fluid, is absolutely flat. Sometimes the tubular breathing, which is the rule in pneumonia, will disappear at intervals, owing to the stopping of a tube with secretion, to return again. Tubular breathing is constantly lacking over an area of pleuritic fluid. The egophonous sound, if present, is evidence of pleuritic effusion. Prac-

tically slight importance can be placed upon the bulging, spoken of in the books, of the intercostal spaces in effusion, but upon pressure palpation over a purely pneumonic lung there is much less resistance than over an exudate. It must be borne in mind that as fast as parts of the lungs are eliminated from the respiratory circuit, the unaffected parts compensate and modify their normal vesicular breathing by harsher breath sounds, and the part of the thorax overlying them makes excursion of greater extent than the diseased portion. It is not unusual for an error to be committed by allowing a hydro- or even a pyo-thorax to progress some time without being recognized, hence the greater importance of observing differentiating signs which should be proved out by aspirating, a simple and harmless test.

Some pneumonias diagnose themselves, so to speak, but in cases of central pneumonia, in which the core of the lung only is affected, in wandering pneumonia and in pleuro-pneumonia, when the lung and pleural inflammation are equal partners in mischief, the type of fever, the cough, the expectoration, the nature and location of pains, the facial color and expression are of greater, although of less positive, significance.

In pneumonia close watch must be kept of the heart. The accentuation of the pulmonic valves and the endurance of the right ventricle are important factors in prognosis and in treatment.

I must dismiss pneumonia with a repetition of the remark that the process of solidification is often a complication of diseases due to causes that do not pertain to frank cases. I must also ignore that very fatal diesase of the extremes of life, which is usually secondary, catarrhal or broncho-pneumonia, the symptoms of which are as easy of recognition as they are frequent in occurrence.

The disease that involves the principles of physical diagnosis more often than any other is pulmonary tuberculosis. All I can do in this discursive effort is to give a few of the suggestive signs of the early stages. The dividing point between the antecedent or preparatory stage and the actual is, theoretically, when the first local irritation of the invading parasite occurs. There is a large class whom we may call suspicious subjects. Among suspicious antecedent signs are improperly functionating lungs owing to slovenly respiratory habits, narrow contracted chests with very acute costal angles, tardy recover from common cold, acute fevers, such as typhoid, rheumatism, and especially measles and la grippe, and from other illnesses, overwork, worry, loss of appetite, gastric irritations, breathing stagnant and vitiated air, progressive loss of weight, hacking cough. The daily evening rise of temperature, of which we hear so much, is a positive, not a merely suspicious, sign of active infection. Upon physical examination we find, after active process is started, a multitude of respiratory and percussion sounds too well understood to be repeated. The first early physical signs are: (a) The relative

time proportion of three to two between inspiration and expiration becomes three to three, or, in other words, owing to the loss of elasticity of the air cells, they do not empty themselves as soon as they should and the expiratory period lengthens; (b) lagging respiration in a whole or a part of the side of the thorax; (c) cog-wheel respiration. If there be actual cog-wheeling, it is better to diagnose incipient tuberculosis and diagnose incorrectly than not to diagnose at all. Cog-wheel respiration is referred to as also indicating failure in the resilience of the lung, and very correctly, too, but there is great liability of mistaking false cog-wheeling for the actual. Many times the beating of the heart against the expanding left lung will cause simulation of actual cog-wheeling so that mistakes in regard to this sign are very possible. It is usually the case that patients do not come under observation until signs of the full establishment of the disease are present, but when the physician has the subject under his observation from the time, or before any suspicion is aroused, he should appreciate the danger before the laboratory can give him positive help. When the laboratory can diagnose, the disease is usually well advanced and the tuberculous tumors of the lungs are numerous and active.

There is a mistake sometimes made with sounds heard in the chest by throat rattles being transmitted through the bronchials like a system of speaking tubes. They simulate real rales but are only hoarse or mucous murmurs in the throat. The patient may overcome them by clearing the throat and breathing carefully through the nose. If he is unconscious or very weak, in which states they are more likely to occur, allowance must be made for the thoracic exaggerations heard at the seat of suspected rales.

THE STOMACH.

I have time to consider but one diagnostic procedure upon the organs below the diaphragm. A method I have not seen described of locating the lower border of the stomach in suspected dilatation or in prolapse is as follows: Pass a tube to the limit, being certain that it does not bend upon itself. Partially fill the stomach with water. By means of a syringe bulb force air into the water. With stethoscope locate the point of greatest intensity of the bubbling. Presuming the tube to be at the bottom of the stomach, the bubbles locate the lowest point. If too low the lower stomach border is misplaced. Other common diagnostic procedures will differentiate gastroptosis from dilatation.

DISCUSSION.

H. F. Staples, M. D.: Mr. Chairman, Members of the Institute: I am sure we have all enjoyed Dr. Hinsdale's technical paper on physical diagnosis. He has said so much and left so little for the disputant that there seems to be almost nothing to say upon it, and what little discussion was to be said I expected Dr. Geohegan would be here and take up all the time.

I shall only emphasize a few points which Dr. Hinsdale has brought out, of which I take cognizance. In all physical diagnosis methods I think we all have used the percussion, auscultation and inspection technique, and the thermometer and stethoscope, and most of us are very familiar with them, but in the last few years I think we have come to rely more and more upon the laboratory methods, especially in the diseases of the lungs, and some of us, I am afraid, have neglected to keep up our technique in these physical diagnosis methods. I think we ought to be sure and keep them up, because there are diseases which we ought to detect much earlier with them than we can with the laboratory methods. I wish especially to speak upon system in physical diagnosis methods. I think we ought all to follow some special system, because if we do not do that we will not know when we have finished. Also, we must be thorough. I do not know of anything that has benefited me more than being thorough in my methods in physical diagnosis. It not only has been of benefit to me, but I think my patients have appreciated it because many have said: "I never have been examined so thoroughly before,"—and it comes back in that way.

In order to distinguish disease we should know the normal sounds of the chest when we hear them. Then we will easily distinguish the abnormal sounds.

The doctor has been so exhaustive upon the heart I will not try to discuss any of that part of it, but in the lungs, especially in pneumonia, I want to speak upon the complications that might be found. Some are liable to neglect the complications, their minds are so strongly centered upon the pneumonic symptoms, especially in pleurisy and in the heart, because it is in the heart sometimes, particularly at the crisis, that we need to watch the most.

GEORGE ROYAL, M. D.: Mr. Chairman, Members of the Bureau: I shall attempt only to elaborate and perhaps emphasize one suggestion of the writer of the paper, and that suggestion can be found in these three sentences, and especially the latter: "Physical methods alone are sometimes incomplete and ambiguous; laboratory methods that disregard the physical state of the patient are not always satisfactory; the two must oftentimes go together if accuracy is to be obtained. I desire to emphasize and perhaps I could best do it by illustrating two cases.

An old school friend of mine, a physician in Des Moines, in talking to me on this point, made this statement. We were speaking about his daughter who had recently passed away, and he said: "Dr. Royal, do you know that the only thing that I regret, and regret most, too, about all of these conditions and my relation to them is this—that I let go my own judgment in regard to physical signs and took for granted those of the laboratory." Her mother had passed away with tuberculosis. He had gone to work again and again, fearfully, and not only with all of a father's anxiety, but with that of a keen diagnostician, and his old physical method said to him: "Better send Minnie to California, with her aunt." He took specimens of everything he could take to the laboratory and one of our best bacteriologists said: "Don't worry, doctor; don't worry; there is not the first symptom of progressive tuberculosis." And so he waited for the laboratory findings, and when they were present, although the patient went away, it was too late.

Now, another one on the laboratory. A young man met me one morning and said: "I want you to go over and see a certain patient with me." I said: "All right." We went over. He said: "This patient is related to such a patient whom you recently treated and who had diphtheria. Is this diphtheria? The child has been sick four days. I have taken my swabbing, have made my cultures; they were negative two days; the third day I took them again and sent them to the professor of pathology at the university here and the report came back yesterday, 'negative.' I have made them again early yesterday morning and I received his report last evening, again negative. But I do not feel satisfied."

I went with him, made an examination. The disease had been in progress four days and already disintegration of the membrane was present. The other symptoms pointed clearly to diphtheria.

The young man said: "Doctor, the facts are not according to our teaching and as I thoroughly believed them. Disintegration has gone on, and in case it is diphtheria you should have your bacilli and there is not a single bacillus present. I have not quarantined it. I have not decided. I have advised caution, and that is all."

"But it is a case of diphtheria," I said; and three or four days later came albuminuria and paralysis. But never did he get a bacillus, although he is a good bacteriologist and microscopist.

Now, put the two together. So I would say to us older men: "Let us put a little more confidence in our young friends who know how to manipulate their microscopes and in all the laboratory men." And I want to say to you young men: "Take a little more advice from us older men." Let us put the two together.

O. S. Runnels, M. D., Indianapolis: It has been said that a good many people die without having had a diagnosis. I am satisfied that about 90% of all who die have not had a diagnosis, with all due respect to the expert diagnosticians, laboratory people and experts of all sorts. I am sure that the original cause is not detected in the majority of cases. The Lord help that patient who has to go from one diagnostician to another to find what is the matter, and who is far down the road to death. It is very doubtful whether he ever will retrace his steps, for regardless of climate or what not—his certificate of death is already in sight. I also have great sympathy for the practitioner who has to struggle with such a problem, who has to try this and try that, with progressive failure, with defeat written on his banner.

It has been said: "Diagnose the case early—get your definite evidence of tuberculosis very early." And many a one has gone on until his case was lost because there was no detection of the tubercle bacillus at the opportune time. Such a course is unnecessary and very stupid. There are months and years, usually of preliminary admonitions, and you know what the probability is and what the logical sequence must be in every such case. Revolution in the physical condition of the patient does not take place under such circumstances without assistance. You do not have to wait for all that is latent in a devitalized person to voice itself and you are culpable if you permit such a thing to go on.

I am very much interested in Dr. Hinsdale's paper—how he outlined the steps of diagnosis as to heart, lungs and stomach. I think that every diagnosis should begin below the belt and not above it. All pathology begins with mal nutrition, with bad metabolism. The first and most important thing of all is nutritional power. You can size up your patient at a glance—anæmia, underweight or cutaneous infections; the most of them are below normal; something is wrong with their nutritional functions. Put them on the scale and you will find that they are weighing all the way from twenty to sixty pounds less than they should weigh according to height. What have they been about all these years to have arrived at such a physical conclusion as that? You may be sure that they are candidates for disease—if not tuberculosis, then Bright's disease or some other evidence of physical let down. They are not functionating as they should, in the normal way. As a physician I want to get in my work before it is too late. I want to take people in hand when I can cure them, when I can put them on their feet and insure them seventy or more years of healthful life. I do not want to wait until the battle is lost before I begin, because I know that I cannot cure the lung that is practically rotted out, or the kidney that is entirely broken down, or the blood vessels that are so weak that they will rupture and burst in the brain or some other part of the anatomy. Some evidence of malnutrition is evident always early in such cases. That is the great lesson to be learned, and I can hardly keep my seat when I hear of these futile

efforts to reverse the record while the battle is going on and while it is possible to turn the flank of pathology and win the day. I say begin your work when you can do some good. I say that I am sorry that Dr. Hinsdale had finished his instructions just where I think he ought to have begun. The nutritional problem embraces it all. Mal-nutrition is at the bottom of all disease, no matter what the disease is. Begin with the patient in the start of life, while he is yet removed but a short distance from his cradle. What record has he made at that time and subsequently? What record is he making now? Has he taken his mother's milk and appropriated it? Has he failed to assimilate cow's milk or other food that is needed to make good blood? These are the evidences of low-grade vitality,—not energy enough to do the functions of life. Well there are constant reminders of incompetency, more or less rapid down grade, invigorous life expression. The time to get busy is when they make their beginning, at the starting out of life or whenever pathology first makes its appearance. Nearly 50% of all who are born are dead before they are ten years old. The mortality during the second and third decades is very large, and the number living beyond fifty is startlingly small. The way to fight tuberculosis, Bright's disease or any other disease is to establish such virile life force as to make them impossible. Everyone should have his physical bank account unimpaired; should be over grade and able at all times to repel these mal influences. It is only the under par man, the fellow who is vulnerable, who succumbs to typhoid fever, diphtheria or other ailment, readily taking everything that comes along and hanging on to it, unable to throw it off.

I have not said all I want to say. You must find out the causes of your pathology. Physicians in the twentieth century cannot practice wholly in terms of the ancients. They must keep up with the procession if they are to do the work of the world most successfully. Diagnosis of *causation* must be made long, long before it is possible to outline the particular disease that is coming on, for every established disease has been a long time getting here. It is never a stroke of lightning out of a clear sky. I am dealing with facts, not theories.

The physician today who does not make use of the lessons taught by evolution as related to human beings is so far behind his opportunities as to be practically out of sight in the rear. The human body is written all over with the story of animal development, fully interpreted by comparative anatomy. No one can scout his relationship to every one of his earth-born companions and fellow mortals. How there has been gradation upward from the lowest forms to the highest fruitage of development is found in man, every human embryo and biologist will testify. There are, at present, 72 well recognized anatomical vestiges or remains in our anatomy that tell indisputably of man's becoming through the long, long ages since creation began. The most of these are historic only and are inconsequential so far as the well-being of the individual is concerned; but a few of them are not as yet so sufficiently obsolete as animal parts as to be devoid of mal-influence and peril to their possessors. Slowly the world has been learning that the prepuce, the gall bladder and the appendix vermiformis are to-day playing no useful part in the physical drama, but are frequently the agents of very menacing and fatal conditions. None is dull enough to deny this after the fatality has been wrought, but few realize sufficiently their mal-influence during all the long period of their embarrassment prior to the announcement of acute inflammation or rapidly fatal degeneration. It is the little fox at the foot of the vine, the slow insidious undermining of the foundation of the health structure, that it is so necessary to recognize during the incipiency of pathological processes. That is of greater value than all diagnostic and therapeutic knowledge combined when the death courier is at the door and after the opportunity of cure has long since been lost. Prophylaxis is the physician's opportunity for greatest service. And the knowledge of our anatomical handicaps so recently gained and so little utilized, as yet, is

the greatest contribution to the healing art made in our generation. I cannot enlarge upon this in a five minute talk, but our institute Journal is not large enough, even if we had a daily edition, to convey all that could and should be said upon *Early Recognition and Abatement of Human Handicaps.*

GAIUS J. JONES, M. D. (Cleveland): It is quite a long way, it seems to me, from the routine methods of physical diagnosis to appendicitis. While I will not attempt to travel quite as far, I think a little more optimism than many of my colleagues express would be helpful, or, rather, the law that I believe in and what I say. I believe that nature is capable of curing most of our diseases, and that she does cure most of them. There is a continual fight going on between health and disease and we can assist. We cannot accomplish more than assist nature.

In reference to these methods of diagnosis, there is one trouble in the profession to-day, that is the tendency of every one to go too far in one direction. One of the best diagnosticians in our city diagnoses tuberculosis in many cases without the discovery of any bacilli. I have followed him in quite a number of cases and I have now on hand a number of cases he diagnosed as tuberculosis ten years ago—cases I claimed were nothing more than catarrhal bronchitis. But he never found any bacilli in any of those cases and I do not believe that he has the right to diagnose, or attempt to diagnose, so many cases of tuberculosis without some more tangible evidence. Still, it is necessary for us to diagnose in many cases without the bacillus—but not to that extent. We can go too far. And then, reading the lessons here, it seems to me the tendency was to think the patient known to have tuberculosis would have to do no more than go to Colorado or somewhere else and get well. Do they get well when they go there? And can we not cure tuberculosis at home? It is not a forlorn hope if we fail to diagnose tuberculosis on the spot. Suppose there is a bronchitis. Cure it and, at the same time, cure the tuberculosis, if it is there. You do not place your patient in jeopardy by waiting a short time to make sure of what is present. I believe I have cured many, many cases of tuberculosis. I have positive evidence of many in the City of Cleveland. Many were unable to go away.

As regards the advantage of the two methods of diagnosis, they must work hand in hand, but I use the laboratory method as corroborative, not as the chief method. For instance, I can impress it more forcibly upon your mind by an illustration. A colleague of mine, whom I had known for forty years and whom I had always treated when he was sick—if he could get me, came to my office one day and said: "Look at that." And I looked over the laboratory report and it stated that the specimen contained albumen—large amount, granular and hyaline casts. "What do you think of that?" he asked. I said: "It looks as though it was a case of nephritis." "But," said he, "that is a specimen of my own urine." I said: "It is false. It is not true. You have nothing of that kind. Here I have been treating you right along and know your condition. I want you to send me a specimen." He sent it to me and I sent it to the laboratory and the report came back "normal urine." He then took a specimen himself, divided it into two parts, sent one to the same man again and the other half to a prominent doctor in our town. One came back the same as before—the other, "Normal urine." Suppose I had depended upon the report giving an abnormal condition! That was seven or eight years ago and the man is just as well to-day as he was then. Mistakes are made, I do not know why, and the mistakes are so common that I would not depend upon the laboratory report altogether. In a case like that I would insist upon another report. And then comes the statement that the student or the practitioner must fit up a laboratory, must understand all about that. I do not think that is right. When these experts who do nothing but laboratory work, make such mistakes as I have indicated, how can the general practitioner, with only a little time in which to do it—how can he do it as well as they expect to? The making of

such examinations should be in the hands of experts and we, the general practitioners, should have some one to make the examination upon whom we can depend. I would not depend upon them altogether. I would take them under consideration and compare them with the clinical history as well. They should be used as corroborative evidence. I believe no one can get along without some sort of stethoscope. I use, and have for years, the phonendoscope, manufactured in Rome, and I have studied it so that I understand the degree of exaggeration of all the various sounds. I could not attempt to get along without it. I rarely use the ear alone, but a man must have some knowledge of the practice of medicine before he can succeed as a diagnostician. It is absolutely impossible for a young man to go into the laboratory and do nothing but examine cases. He must treat them and see how they are affected by other causes, and I say he should practice at least five years before he attempts to do anything of that kind.

Here is an instance: A man who died recently carried $50,000.00 life insurance. I knew that man from the time he was five years old, when he had scarlet fever. Following that he had a mitral lesion. Yet he was examined by the regular examiner in Cleveland, two companies had sent two each from New York to examine him and no examiner ever discovered that musical murmur which could be heard very distinctly at the back of the chest. He had that murmur all those years, was examined by men who are paid large salaries to find out things of that kind, but they never discovered it. Of course, his life insurance was paid when he died and he died of septic endocarditis. But he lived thirty years with that lesion which was discovered by two only of the 27 who examined him.

CLARENCE BARTLETT, M. D. (Philadelphia): Mr. President and Gentlemen: After looking over Dr. Hinsdale's paper I feel he should have called it "Objective and Subjective Symptoms Interpreted in the Light of Clinical Signs," because that is the lesson which he teaches and is really the only lesson that should be taught in matters of diagnosis. The number of mistakes that are made in medical diagnosis, of course, is very large. I have heard one gentleman here put them at 90 per cent. Nothnagel, the celebrated German clinician and pathologist, said he considered himself a very fortunate man if his diagnoses were absolutely correct in two-thirds of the cases that came to the post mortem table. But Dr. Nothnagel's idea of diagnosis is not labelling disease by some name, but the conception of the patient's entire clinical and pathological condition, under which circumstances it is scarcely possible that he could have labelled his cases.

But to get to the subject of tuberculosis, which seems to be the important point, so far as laboratory work is concerned in tuberculosis, the general trend of opinion to-day, among those most competent to judge, is that in a case of tuberculosis that has progressed to that stage when bacilli are discovered in the urine or discharges. The disease has progressed to a stage of disintegration of tissue. No tubercle bacilli—no disintegration, and vice versa. So that the teaching that tubercle bacilli must be discovered in the sputum before we can make a diagnosis of tuberculosis is a dangerous policy to teach, not only to young men, but to the profession at large.

Now, the physical sign stage is a very valuable one. Nobody would stand up for the value of physical signs more than I would, but any one who knows anything at all about pathologic changes of tuberculosis knows that before pathologic changes appear in the chest there must be a change of constitutional infection, and with its appropriate symptoms which we recognize. I say that with knowledge. We must admit there is a stage of tuberculosis where we can, by careful study of the clinical history of the case, determine that tuberculosis probably or possibly exists. Then coming down to the actual statistical status of tuberculosis, when we realize that it has been proven by autopsies on individuals who have died from other causes, that 98 per cent. of humanity has or has had

tuberculosis, then we arrive at the axiom that wherever there is good reason for suspecting tuberculosis there is good reason for making a positive diagnosis that tuberculosis is present.

Now, while on this subject of physical examination, laboratory work, and so on, in relation to history taking, the brilliancy of the results of physical examinations and laboratory observations has been such that physicians have forgotten the old art of taking a history. As a matter of fact, those who do know how to take a history, those who understand the symptoms of the patient as they stand, will find that in probably three cases out of four their conclusions—as the result of careful history taking, careful study of the conditions—will not be thorough,—their physical signs, that is in major parts. I say this having full respect for the value of physical examinations. I would consider any case not thoroughly examined unless it was examined objectively and in the laboratory as well. But the principal point is to place each part of the subject of the examination of the patient in its proper relationship to the other and study them, as Dr. Hinsdale would teach us, in the light of clinical signs.

Dr. George F. Laidlaw, New York City: This is a beautiful panorama of physical diagnosis that Dr. Hinsdale has unrolled before us. I have no intention of shooting any holes in it, but rather to paste on a few additions to improve the general effect. In reviewing the physical signs of the heart I would have laid greater stress on the location of the apex beat as the most important single sign in cardiac diagnosis.

In the examination of the lungs, I would have added the measurement of the width of the apices by the Kronig method. This is very useful in the early recognition of fibroid phthisis. Lay your plessimeter finger across the shoulder and percuss the apex. Move the finger upward until you find the border-line between the resonance of the lung and the dulness of the muscles of the neck. Mark this line. Then percuss outward and mark the outer border of resonance, which will usually be found where the clavicle and the acromian process converge. These lines represent the inner and outer borders of the dome-shaped apex. The distance between these two lines measured along the anterior border of the trapezius muscle is the width of the apex. In health, this width is from 2 to 4 inches, varying with the width of the shoulders. Sometimes it is as narrow as 1½ inches. The importance of this measurement in diagnosis rests on the fact that fibroid phthisis usually begins on one side or is more advanced on one side than the other so that the figure of the apex is narrower on one side than the other. During the past ten years, in the examination of hundreds of tubercular patients, this sign has been of great value to me. It is not so reliable in catarrhal phthisis but here the abundant crepitant rales and the percussion dulness usually make the diagnosis easy. It is the early fibroid cases that are overlooked because there are no crepitant rales and the dulness is only relative.

I listened with interest to the review of the physical signs of pulmonary consolidation and its differentiation from pleural effusion, but I hold in my hand a little instrument that is worth all these physical signs put together, a hypodermic syringe. For the past two years I have been verifying physical signs by puncture of the chest and have been very much pleased with the safety and accuracy of this diagnostic method. Beginning cautiously with the puncture of pneumonic consolidation, I have learned that puncture of the chest with a fine needle is safe at almost any point except the upper and anterior portion of the chest where the heart and the great vessels and nerves must be avoided. I have learned that physical signs are not as trustworthy as we like to believe. I have learned that some cases that we call delayed resolution in pneumonia are really empyema or chronic pleurisy, in both of which conditions early recognition is important to get the best therapeutic results. I have learned that some obscure cases with indefinite physical signs are either chronic pleurisy or pneumonic consolidation. I would recommend anyone who is interested in accurate physical diagnosis to equip his hypodermic syringe with a needle

1½ inches long and a little coarser than the usual hypodermic needle and to study his cases of diseases of the chest by liberal diagnostic puncture.

Finally, I would endorse Dr. Hinsdale's plea for thoroughness in diagnostic examinations, but there is only one way in which a busy physician will make thorough examinations and that is to record all of his examinations on a printed record blank. Long ago, Bacon said: "Writing maketh an exact man." It is certainly true in making a diagnostician. A physician works under some disadvantages. The telephone is always interrupting him and other emergency matters call for attention. He needs some reminder of the many details of an examination. In my office and in the hospital I use a blank with the names of all organs that might be examined and the tests that might be made. When I turn from the patient to record the examination, I am often reminded by this blank of some test that I have overlooked or forgotten, but which might be of decided value in forming the final opinion.

WM. H. VAN DEN BURG, M. D. (New York): In discussing the paper on the routine methods and technique of physical diagnosis, I think we have wandered wide from the subject. I want to commend everything that Dr. Hinsdale has said in his paper, but I want also to add just one thing which I think he did not allude to in the routine methods mentioned. That is, there is not enough attention paid to the use of the eyes —inspection—on the part of the examiner. Inspection, I think, is one of the most important features in the routine examination of the case. I do not necessarily mean inspection of the chest only, but inspection of the eyes, skin, color of hair, texture of hair, texture of skin, amount of fat underlying the skin, color of the skin, and the whole body generally. I simply want to add that inspection is one of the most important features in the routine examination. Many cases of tuberculosis are overlooked and go on to the bacilli stage which would be recognized if we paid sufficient attention to that one point, of a careful inspection of the cases as well as to the auscultation and percussion.

CHOLERA IN ITALY AND IN NAPLES.

BY PROF. TAMMASO CIGLIANO, NAPLES, ITALY.

I have delayed replying to your letter of the 9th of January last in the hope of collecting some positive data regarding the last appearance of cholera in Italy, but, having found that impossible of accomplishment, I am limited to summing up and making observation upon that which is known to all and the cost of which is borne by all publicly.

It is not known precisely whether the cholera was imported from Russia by means of wandering gypsies or from other regions beyond the confines in frequent business relationship with Italy. The extent covered by the epidemic may be estimated as a tenth part of the kingdom, the duration from the last of August to the first of November, inclusive; ended, or, as one might say, exhausted in the ordinary average of three months. The expenses incurred for prophylaxis as divided among city, province and State may be placed at about thirty million lire, the greater part used in the cost of disinfectants. The run was sporadic, the intensity less in comparison with that of the past epidemics.

The direction of public sanitation, however laggard it may have been in guarding hygienic regulations to maintain health,

both within and without habitations from the smallest to the greater community of the realm, nevertheless in driving out the evil was demonstrated to be of so active, careful and energetic a nature as to win the approbation of everyone, even though it was infused with questionable activity. It was necessary to combat the common bacillus in merchandizable foods, in the water of the sea, in the insects of the air, everywhere; and this was the watchword. Provided the microbe does not escape the man may die; such a maxim, however scientific it may have appeared, instilled so great terror among people as to make them cover the mouth if they walked through the street, to make them fear to eat or drink, to make them avoid all association with their nearest relations, especially if these were afflicted; a real cholera by suggestion, that in many cases was more fatal than the cholera from the comma bacillus.

I have always held, in so far as I was able to prove it in past epidemics, which have numbered at least ten during my practice, that in some cases, it seemed to me, the cholera was transmitted by irritation or suggestion, like *yawning*, laughter and vomiting in sea sickness, because of the almost instantaneous way in which, from one case, it is repeated in other persons and in an entire family, at the terrifying spectacle of symptoms of cholera. The comfort and encouraging word of the physician amounts to an efficacious remedy in such encounters.

For this reason one could not have recourse to many unfortunate ones, because of forced isolation in public hospitals, if afflicted, or in quarantine stations, if relatives of those attacked. With the sacred liberty of the person and home profaned not only in injury to the afflicted from the presence of the guard, for it is not proper that anyone should deprive the sick person or the ordinary citizen from consulting his own physician and choosing the system of cure in which he has greater faith, it did not prove practical either for the rest of the citizens, because transporting a cholera patient along the way from his home to the hospital, which sometimes was kilometers in distance, means, on the one hand, to increase the panic, showing the melancholy sight of the afflicted one to the public; and, on the other hand, to spread the infection where there was none, by means of the vomit and the diarrhœic stool being left on the ground or in the vehicles, without reckoning the inhumane, often fatal, aggravation which the unfortunate ones experienced, torn from their homes, even with violence, by public force, and conducted to hospitals, almost always improvised and not always furnished with possible comforts.

This system from the Middle Ages re-evoked inopportunely without modern scientific laws resulted in many victims not revealing themselves to the sanitary officers, who, while they were claiming victory because of the lessening number of cases reported, were belied by announcement of anonymous deaths, or

telephone messages which indicated to the sanitary officials the houses of the deceased, in which nothing but the dead bodies were to be found, and none of the relatives who had fled after carrying with them their penates and thus planting elsewhere new centers of infection in spite of all precepts of prophylaxis.

These melancholy results of forced hospital isolation would surely have been avoided by well conducted quarantine in the home, trusting to the physician in the confidence of the family, or even by local isolation in case of victims in several houses. This system which excludes violence is used by a great number of private physicians, who, in case of public infection, represent an aid not to be despised because of the public confidence they inspire.

The system of forced hospital treatment has no reason to exist because of the following scientific principles:

I. The bacteria are in existence everywhere, be it in the afflicted or the well, or be it in the business that in any way concerns the life of a people. These bacteria live, in fact, in spite of all disinfectants, including high temperatures, which even if they kill the microbes do not kill the spores, and if they kill the spores do not respect the health of man, as is their nature, and this assumption in addition to doubtful diagnoses, although one should die of cholera and eloquent clinical notes should rise up to diagnose it even to a layman, in official bacteriological laboratories, analyses of excrements were, for the most part, negative, and the greater number of deaths from cholera were adjudged acute gastro-enteritis. On the other hand, the question as to whether the microbe is the cause or the effect of cholera still remains open, and is cast in doubt especially by certain famous experimenters who have engendered various cultures of comma bacillus while remaining perfectly healthy.

II. The efficacy of all disinfectants (granted that microbes resist all disinfectants) reduces itself simply to cleanliness as the best means.

III. That cleanliness is the best and safest prophylaxis for every form of infection is also proved by the fact that people are more easily attacked with such infections in the close, dark houses of the people, also in houses of the wealthy, when, no matter how much they may desire it, they are not provided with necessary sanitation. In substance, families of the poor live, not only deprived of sanitation, in narrow, dark quarters, but deprived of sufficient food to sustain necessary organic energy against possible contagion. Every prophylaxis, if it aims only at contagion, as is usually the practice, is fruitless and simply excites the population, who, fearing to be assaulted everywhere by the microbes, make nutrition scanty and make personal and domestic cleanliness difficult or impossible.

In conclusion, in place of public tranquillity three efficient factors of every infection are substituted; public terror, as that

of a great calamity, the arrest of business and those industries on which, be they good or bad, all peoples live, and finally, the discredit of living in the open air and the sunshine by those whose natural instinct suspects anyone who lives in close quarters.

Naples. Notwithstanding unsuitable quotations, its people with their artistic and genial indolence find their best possible prophylaxis in living in the open air and in the sunlight in the midst of gentle breezes from the enchanted gulf, and if they do stone and attack the disinfectors, and wish to know nothing about the disinfecting properties of poisonous substances in their own huts, nevertheless they make friends with white-washers and fountain-builders, from whom they hope for the best possible sanitation in their dark abodes and their respective paths, sanitation which is never enough from those upon whom the duty devolves. The citizens are content though with the extension and recovery of the city realized during the last thirty years with the new system of drainage and deviation of the avenues, with the sweepings from the shore, on which they delight themselves with fragrant sea baths. To such work done with great sacrifice by the city is due the satisfactory reduction in mortality to less than that in other great centers of the world, as well as to the salubrity of the climate, to the magnificent aqueduct of waters of the Serino, the only one in the world, and permit me to say to the genial character of the Neapolitan people. They are the Anteo of the fable. The more they die and the more they rise again from the dead the less do they let themselves be overwhelmed by ill-placed hygienic precepts; they eat their soup of greens and well cooked potatoes (foods haven't been made dear by absurd municipal disposal), recover themselves as usual in their summer ritual of chimes, incur debts with certain admirable financial combinations and gaily resist in the best manner possible the terrorizing voice of the cholera invasion.

Those afflicted in Naples have averaged five or six cases per day, with a maximum during two or three days of from one hundred to one hundred and fifty; that is, from one to twenty-five cases in every 100,000 inhabitants, figures that are not worth the trouble of putting in black and white to declare Naples an infected city, especially considering the fact that positive bacteriological diagnoses have been for the most part negative.

A useful result of the hygienic studies made in connection with this epidemic has been the following: Under the guise of sanitary guardianship the city is to be enlarged to reduce the densation of the population to an average of twenty-five to thirty thousand inhabitants to the square kilometer, while at present, given the last inspection of the tax list in reference to the last census with the relative increase in population, the average is about eighty thousand to the square kilometer, terrifying figures when one considers them in comparison with the desired plan for the immunization of the city, and which our legislators have

taken under serious examination as a problem that the nation should and must solve.

CURE.—It is useless to speak of cure as medical officials mean it, among whom every prescription is an undigested hodge-podge of different elements which would act in all directions in the body without ever bringing about anything positive, or, if they did bring about a conclusion, would interfere with every law of healing. Homœopathists, as always, have prescribed up and down the accustomed rhyme of Veratrum, Cuprum, Arsenicum and Carbo vegetabilis, according to the stage and symptoms of single cases, but the remedy which has always won the unquestioned confidence of the public is *Vera Canfora Rubini*, proved superior to other remedies in all cholera epidemics, past and present. From the Vera Canfora Rubini prepared according to the scrupulous dictation of the author, and the popular Canfora Rubini as taught by him to be prepared by whoever may be, from the remotest epidemics, it appears to me that thirty thousand persons have used it with certain success as a preservative, not excluding authorities and several non-homœopathic doctors who have visited hospital cases and cholera detention camps, and these very ones, especially when not doctors, having experienced with enthusiasm the efficacy of the remedy caused it to be proposed to even desperate cases of victims, and always happily with success. Recovery was prompt and sure provided that in the treatment only Vera Canfora Rubini with his own instructions was used in pure and simple form. The relative method prescribed by the lamented Professor Rocco Rubini, reproduced by myself, was gratuitously distributed through at least 100,000 copies.

The Neapolitan people always enthusiastic over generous acts and always daring in danger, scorning the terrifying instructions of sanitary officials used for themselves and supplied to others, the marvelous homœopathic remedy, whether as prophylactic, as curative, or whatever the case demanded it, content with satisfying the noble altruistic sentiment of their hearts.

How many and how great would have been the economic, sanitary and commercial advantages, with prophylaxis and the homœopathic remedy? The future will show when the unjust hatred of homœopathy will permit it.

AN OUTLINE OF THE YEAR'S WORK IN THE CONSTANTINE HERING LABORATORY FOR RESEARCH IN PHARMACODYNAMICS AND THERAPEUTICS.

BY EDWIN LIGHTNER NESBIT, M. D., BRYN MAWR, PA.

I cordially appreciate the courtesy extended to me by the Chairman of this Bureau. I had the pleasure last year of out-

lining the project of the Constantine Hering Laboratory. I have the privilege this year of reporting progress. I regret that I am unable to give a complete report of the findings of our first big study. The field of investigation to which we are committed is research in pharmacodynamics and therapeutics. It is our aim to ascertain facts and to present them in such a form that conclusions may be readily apparent to any individual who studies the provings. In the beginning of March, after a number of months of preparation, the director of the Constantine Hering Laboratory published a notice asking for the best eleven men in college to volunteer for the purpose of this study. Twenty-five men volunteered, from which number eleven were selected. Three alternates were chosen and by the men themselves a captain was elected. This we termed a "provers' team." These men were fed upon a training table, comparable to the training table of a foot ball team in college.

The subject selected for the study was coffea cruda, of a known caffeine content. A series of eleven was planned, three of which series were controls. Three of the series received caffeine alone. An additional control was devised by the arrangement or in the subdivision of the time of the entire study into three periods for each man. The first period a preliminary period, the second period, as it happened, was the drug period, and the third period the control period.

The data derived from the study were classified under three headings: (a) Subjective symptomatology; (b) objective symptomatology, and, what I am pleased to term, (c) determining factors. For the subjective data each man was provided with a day sheet upon which he recorded the time of each observation and the symptoms observed, he being entirely ignorant of either the amount of the drug which he might be taking or of the time when he might be taking it, or of the character even of the agent introduced. Each man reported punctually to the training table, and before each meal his temperature, pulse and respiration rate were taken and recorded by the same men; his weight was taken and recorded by the same men; his blood pressure, systolic and diastolic, was taken. On the reverse of this day sheet was outlined a dietary, which was uniform for each subject of the investigation. There was no attempt to weigh in advance the food intake of the men. The purpose of the study was to determine what might be the *actual intake of each individual* during the preliminary period and thereby establish *his* normal. For this purpose each article was noted in "portions" taken, and a dietician computed the caloric value of the intake for each day—proteids, carbohydrates, fats and total calories throughout the experiment.

The study was so devised that the mental symptoms presented and classified under mental phenomena were crossed, as I may say, by psychological examinations. The psychological examina-

tion was to determine the subject's power of assimilation, his power of imagination, of lucidity or clear thinking, of memory, and also to test his emotions. I have not time to go into the details of this examination.

The mental phenomena were noted at intervals of five days throughout the course of the study.

The cerebro-spinal phenomena were crossed by periodic examinations by the neurologist at intervals of three days.

Respiratory phenomena were crossed by examinations at intervals of every five days; by examinations of the nose and throat, the posterior nares and oral cavity.

The tests for acuity of sense of smell and sense of taste and aural symptoms were objectively determined by an aurist.

Visual examinations were devised to determine the acuity of vision—the fundus, field of vision and refractive power.

Alimentary phenomena were crossed by the dietary record, which estimated proteids, carbohydrates, fats and calories.

Bacterial tests of the milk consumed were made and chemical examinations also were followed out at intervals.

For the purpose of comparing the *actual* intake of men under such conditions with the theoretical standard of Chittenden, the proteid, carbohydrates, fat and total caloric, according to Chittenden, were so arranged as to appear in direct relationship with the *actual* value for each man of a given weight during each of these three periods.

The weight average is based on three observations a day, or, in other words, the preliminary average of a man is the average of thirty observations extending over a period of ten days, and so on for each of the other periods.

Febrile phenomena were followed by examination of the heart at intervals of three days. Genito-urinary phenomena were followed by examinations of the urine, including specific gravity, total solids, chlorides, acids, total urea, creatin, etc. These examinations were made every day.

Each student was provided in advance with a measured collapsible cup from which he took any liquids consumed during the period of thirty days.

He was also provided with a receptacle for the collection of urine throughout that time.

I wish to call particular attention to a particular feature of this study which I consider of essential importance, the determining factors. At the head of each sheet, where these phenomena, objective or subjective, are classified, there appear thermometric and barometric readings taken from the United States Weather Bureau reports for Philadelphia.

Also the average respirations of the individual, the mean pulse rate, the mean diastolic and systolic body rate, the average ingesta in calories, the mean excreta, the mean liquids, the mean urine and the average sleep—all are factors of cardinal import-

ance in arriving at any conclusion as to the relative significance of any given symptom, subjective or objective, which may have appeared during the course of the study.

All data have been arranged under physiological systems only in contradistinction to the old topographical arrangement of pathogeneses used heretofore. The arrangement is made to show at a glance the subsidence or intensification of all the symptomatic features in progressive involvment.

At the same time there will be apparent not only the sequence but the duration of each symptom reported, in the light of these determining factors, which appear at the top of each sheet. In addition to this, the amount of the drug taken on each day or up to each day of the study will be apparent at a glance. We should be able, when this data is completed, to present to the profession a series of eleven monographs or eleven original researches upon this particular drug.

In concluding, I wish to show you a certificate which was voluntarily signed by each man who entered into this study. You must recognize the fact that theoretical experimentation upon the healthy human subject intact is plausible but practically most difficult. To devise a technique for the scientific study of drugs upon the healthy human subject has been the purpose of this study of coffea cruda. Sixty-seven graduates and undergraduates were engaged in the experiment.

I wish to say for the encouragement of those whose optimism is somewhat fading concerning the interest in scientific investigation of the effects of a drug on the healthy human subject, that not one man of the eleven failed to stick to the end, and that the twenty-five men, with practically no encouragement in advance, voluntarily assumed, in addition to their ordinary college work, this voluntary personal research work.

Tuberculosis in Children.—The intracutaneous tuberculin test is considered by the author to present many advantages over other diagnostic tuberculin reactions. It is relatively easy to carry out, the result of the test is readily recognized, and the discomfort to the patient minimal. The amount injected can be accurately gauged. The possibility of injecting different strengths and even a high concentration of tuberculin by this method renders the test available in all cases of tuberculosis. The subcutaneous tuberculin test fails in patients with fever, while the cutaneous reaction fails in cases where the susceptibility of the organism to tuberculin has been reduced through acute infections or cachexia; the intracutaneous method, on the other hand, succeeds in all these cases. It is true, in many instances, the only procedure to be depended upon. In patients morbidly in dread of tuberculosis, this test, if strong concentrations of tuberculin cause no reaction, will definitely eliminate any possibility of the presence of the disease. The case of a cachectic child with meningitis in which tuberculosis was ruled out by means of this test is cited by the author. He injects one drop of a 1 : 1000 solution of old tuberculin and, if no reaction follows, increases the strength to 1 per cent., 10 per cent., and even sometimes 100 per cent., some cases finally reacting to the last-named dose.—*Engle, Deutshe medizinische Wochenschrift.*

PHYSICAL THERAPEUTICS SOCIETY

EARTH CURRENTS.

BY F. ST. CLAIR HITCHCOCK, M. D., NEW YORK CITY.

That electricity may be made to flow into the earth is common knowledge, although I do not recall that it has heretofore been scientifically proven to do so. When a patient upon the insulated platform before the static machine is subjected to the so-called indirect charge, a current rushes from the machine to the earth through the patient. You see I do not deny this, despite my having used what I presume to be an earth current for several years. On the contrary, I have even proven that a promiscuous discharge flies from the patient to all nearby points. But I have always contended that a very potent discharge, opposite in character, rushes forth *from the earth*, leaving the tip of the metal electrode or pointer, to direct its electrons upon that portion of the patient selected for the erroneous and misspent indirect current.

With the so-called indirect current, an anæmic patient is attached to the negative side of the static machine—positive side grounded, poles drawn wide apart. The earth-connected pointer or electrode is then placed or held opposite the spine. Instead of becoming immediately invigorated from the machine-negative current, the subject undergoes a nauseating sense of faintness. And this is exactly similar to, but worse than, being exposed to a direct positive charge from the machine, electro-negative side grounded. Changing the polarity for such a patient, and spraying a direct negative breeze upon the spine, we see an immediate relief from the vertigo and nausea. Likewise, attaching the subject to the positive side of the machine, negative grounded, we see even a greater benefit afforded from the opposed earth pointer. It is patent then that in the first instance we were deriving for the anæmic patient a very detrimental positive current from the tip of the earth pointer. And in the last treatment it is just as clear that the earth pointer yielded a welcome and most efficacious form of negative breeze toward the positively connected patient.

Now it was my intention to see to just what extent we could prove or disprove these theories. In consequence, to prove the above demonstration, I preferred to select a chemical analysis of the phenomena from all possible sides. So with the negatively grounded machine the positive side connected with the patient was subjected to litmus tests. Blue or purple litmus applied to the wire turned pink. The earth pointer was directed toward the patient's *knee*. Purple litmus upon the patient's chest turned pink, and the same took place on the side of the earth pointer.

But purple or blue litmus upon the tip of the pointer and upon the knee was unaffected. This was therefore substituted by pink litmus, and it straightway became purple both upon the knee and upon the tip of the pointer. A reversing of the machine polarity gave similar results with opposite litmus—red to blue and earth blue to red.

In like manner litmus-soaked sterile cloth was substituted for the patient, with the interesting and pleasing results that pink cloth—turned from blue by the positive attachment—developed upon subjection to the earth pointer a decidedly blue spot in the center, leaving only a pink circular border. A switching of the polarity decided favorably for an earth current in each litmus test.

So valuable was this process that even those alternating currents, about which I was hitherto undecided, yielded very favorable and positive chemical reaction, both the Earth Wave and the Earth Wave Frequency. (Do not confuse these with the aforementioned Earth *breezes.*) Indeed so thorough was the extent of electrolysis of these two forms of earth wave currents that no Burns' Detective Agent would be required to ascertain the double gilding of the pipe underlying the litmus papers at the earth contact, for both silver and gold gilt were plastered in heavy flecks against the under side of the papers.

It is no wonder then that in the potassium iodide treatment of goitre the iodine shows yellow upon the opposite side of the neck from the K. I. application, when subjected to the earth negative breeze, though the patient is attached only by the hand to the positive side of the machine.

Do not for an instant imagine that the current circles from the ground beneath the machine-grounding wire to the grounded earth pointer, for experiments have been repeatedly carried out with two grounding wires led to two far distant points, impossible of any immediate circuiting—if any at all were probable.

So successful were these earth currents, even in kataphoresis, that I decided to try to reach the deeper layers of stony impactions in those extremely stubborn cases of arthritis deformans. Balked at the last, I devised a method for injecting the solution of sodium chloride, even beneath the synovial sheath, in knee joint affections; this with the happy results that the Earth negative breeze very quickly split up the combined elements and enabled people who were crippled like statues to walk up and down four flights of stairs, to comb their hair, to kick, to stoop over, to knit and to wiggle their fingers as fast as you or I could do.

I have employed these same currents effectively in cases of deafness, etc.

Although I have devised some improved methods of giving the Morton wave, the Earth wave is apparently much more powerful than this, and its efficacy is due first to the attraction of the desired polarity from the earth; second, by virtue of the un-

swerving direction of the current within and along any route selected—as from the spine down through the legs or in tuberculosis through the lungs; thirdly, its volume and intensity may be increased to a wonderful extent. The poles of the machine are drawn wide apart, one side is grounded and the other attached by a metal electrode to the patient's skin—*i. e.*, the front of the chest in tuberculosis or pneumonia. The patient's back is similarly attached to a wire which runs to a spark gap, against the earth. Blue litmus (positive wire to machine) turns red upon the patient's chest, but red litmus turns blue upon the back as well as at the earth contact. Litmus thus attached to the earth contact is punctured from the earth side. A spark gap may be also inserted in the machine wire.

Under such a treatment the heart, palpitating at 140 before the treatment, will run steadily at 80 or 90 after the seance, and cases tend to show a marked improvement after the second or third sitting, tubercular or otherwise. Those baffling cases of progressive muscular atrophy, multiple sclerosis, tabes dorsalis, Friedrich's hereditary ataxia, etc., yield gloriously to these methods, and even *more speedily* to the Earth Wave Frequency, which requires a special machine entered between the patient and the earth. It is also to this mechanism that I owe my best results in cases of neuritis as well as those heart and lung cases already mentioned.

In my experiments with arthritis deformans I have often contemplated, but always discarded as unscientific and dangerous, the employment of salt sea water, for this comprises many unnecessary and uncontrollable elements. I should like to call your attention to the kataphoresis by means of the Static *breeze*. Kataphoresis was formerly tried by direct application, as in galvanism, within the direct static circuit including the patient, but never by breeze method, much less by the *earth* breeze.

To enhance the potential qualities of the earth breezes I have employed an insulated electrode, tipped only at the end with a brass pointer and connected at the far end to the earth. I employ an insulated stand for the earth pointer to eliminate any promiscuous discharge from the patient.

DISCUSSION.

R. T. White, M. D., Pittsburgh, Pa.: I would like to ask the doctor a question. I do not exactly understand the technique of arranging the jars and the coil.

Dr. Hitchcock: I intended to have a print to show you, but I could not get it. The static machine has the negative pole thrown wide apart. The negative pole is grounded and the positive pole is attached to the patient—we will say in a case of tuberculosis to the front of the chest. The back of the patient over the affected area is attached to the apparatus, which I have described. That apparatus is not grounded in any way, excepting the fact that on the other side of it a wire leading to the earth gap, and it is in that earth spark that I have made all these tests, proving that the current was coming from the earth, because when the wires are switched around, it would turn blue litmus paper to red,

but if I turned the wires around the other way, so that it was negative, and then connected it to the machine, the earth wire would bring out a negative current, which would turn red to blue or purple.

Dr. Guubbe: This is a very interesting paper, and I think the Society ought to thank Dr. Hitchcock for doing such original work. It is real research work, it is work such as we have had use for for a great many years. We have always lacked something which would measure static currents. In a general way we have heard that grounding the current had a tendency to magnify it and increase its value, but no one has ever explained that on a scientific basis and, consequently, we were actually in the dark. I still think, and from Dr. Hitchcock's explanation I judge, that the current which comes from the earth is simply a modification of the static current itself.

THE RELATION OF MANUAL THERAPEUTICS TO GENERAL MEDICINE.

BY P. C. SCHENKELBERGER, M. D., CHICAGO.

Surgery, in its infancy, fell into great disfavor because it was mechanical and lacked the air of mystery that, at that time, surrounded the practice of medicine. However, today surgery is producing even greater results than medicine and is more of an exact science.

About the year 1874 osteopathy was founded and ten years later a system known as "Chiropractic" was discovered. Both fell into disfavor with the doctors because they were manual, could be seen with the naked eye, felt by the nerves, and lacked the mystery and superstitious wizardy which went with the practice of medicine. I will not go into detail in the description of the various mechanical methods, as the theory of these various treatments is, or should be, fairly well understood by every successful physician of today.

Something like thirty-seven years ago the influence of Mind over Matter was expounded. A hundred thousand persons testified to the curative effect, yet the doctors cry it down because it lacks the mystery of the practice of medicine and the wizardy of the compounding of poison.

We concede that some time is spent in acquainting the student with electrotherapy, hygiene and hydrotherapy. He is told when it is considered best to use hot or cold applications, and his course in diet is becoming more complete, but not a medical college, to my knowledge, teaches manual therapy in an intelligent, proficient manner; hence the physician of the future will, in selecting his school, choose one broad enough in its curriculum to teach all these successful adjunct treatments.

Not long since, the physician using water, electricity or special diet was held up in ridicule by the laity and branded an impostor by the profession. However, with the increased educational advantages of the laity, came the demand for the treatment of disease by natural methods and the mystery of the "black bottle" has almost entirely disappeared.

With thousands of patients testifying to the efficiency of surgery, of manual therapy, "its first cousin in that it is mechanical," of mental therapy and of hygiene, the average practitioner of medicine scorns them all—in his wisdom which is mere negation—save surgery. His should have been a well rounded profession with three expressions: Medicine, including hygiene; surgery, including manual therapy; and mental therapy, even including that expression of it which makes a cult of common sense and a religion of a page from psychology. Instead of taking this broader view the practice of medicine is becoming a discredited profession, and the doctor's ally, the druggist, subsists on a sale of picture post cards, soda water, nursing bottles and soap. While I believe in the democracy of the art of healing—an all embracing system which uses everything that is good, I have no brief for any of them save manual therapy, "which has won a permanent following on evidences of inert," despite the blind opposition of those who fear to come into the light and subject their operations to the play of the reasoning powers of their patients—sometimes their dupes.

Manual therapy has proved its value and is now a fixed force in the art of healing. Its practice has been legalized in nearly every State in the Union and in many foreign countries. These laws were fought for and passed, not by men who would profit by its practice, but by men whose families, friends or themselves had been benefited or cured by it. Regardless of the evidence of the senses and the affirmative and positive testimony of thousands, there still are physicians who inform their patients that the treatment is a species of legerdemain or that it is massage, with a college education. The experience of the patient controverts the mere negation of the practitioner and the physician is set down as ignorant or prejudiced in the eyes of those whom he would convince. For his own protection the doctor should go slow. At a matter of right, legal, moral or human, no doctor should be permitted to condemn a system of treatment with which he is not familiar. A safe ground which he might take is to demand a rigid examination of all who would step out to heal the sick and in this I include the new adjunct treatments as well as the exponents of "Mind Control Over the Body."

It has been proved in thousands of cases that mechanical derangements do cause many diseased conditions, either directly or indirectly, and it has been proved that the adjustment of these deranged parts, whether they be bone, tendon, cartilage or nerve, will give the relief that has been so long sought for and has not been obtained by any other form of treatment.

Every physician knows that an impingement on the nerve will interfere with its function, causing either unnatural stimulation or inhibition of its power to transmit nerve impulses, and in so doing will cause either congestion or anæmia of the affected part. This disturbed circulation very frequently marks the hour

when disease gains a foothold and forms a nidus for the growth of many germs to which we are all more or less constantly exposed.

I believe that a healthy body is produced by a healthy blood and a perfect circulation of the same, and this is not possible if there is a mechanical defect. I am not unmindful of the fact that a healthy mind is equally as essential, and all parts must work in unison and perform their natural functions to produce perfect health.

It is quite probable that the value of manual therapy has been over-estimated by its friends in their enthusiasm and it is equally probable that its enemies, through their prejudice and ignorance of its merits, have underestimated it. As a student of both medicine and manual therapy, having tested each alone and combined, I know these two systems to be not incompatible and that each may serve as a valuable adjunct to the other.

I will define manual therapy as a "science and art of treating disease mechanically by the readjustment of the body tissues to their normal relations, and by mechanically stimulating and inhibiting the nerves and nerve centers." In other words, it is a treatment which recognizes as the cause for disease a mechanical derangement and consequently requires a mechanical method of cure.

The theory of manual therapy or subluxation of tissue, especially the bony tissue, which has caused so much amusement and ridicule among the medical profession, is the foundation stone upon which this system rests and thereby derives its name.

In this connection I wish to emphasize the fact that manual therapy does not teach dislocation of the vertebra or other bones as a cause of disease; instead it teaches subluxation or partial dislocation as a cause. We must not confuse subluxation and dislocation if we are to understand the pathology of manual therapeutics. The word "subluxation" always means just what its etymology implies, a partial dislocation.

Every movable articulation serves as some position or positions in which the muscles, ligaments, blood vessels, nerves, synovial membrane or other tissues connected therewith are freed from abnormal tension, pressure and irritation. This position, which the joint may maintain for a long period of time without discomfort or injury to the part, may be considered its normal position. The slightest deviations from this normal to the point of complete dislocation are but varying degrees of subluxation.

Any deviation from this normal position produces tension, pressure and irritation of the tissues involved. Such deviations are, therefore, limited, both as to the degree of motion possible, and the degree of time such positions may be maintained without serious damage to the parts. Within certain limits such deviation from the normal may exist without injury, providing the position be not too long maintained. For a certain degree of

abnormality of position the body has been compensated by an elasticity, anastamosis and lubrication of tissues. This degree of compensated subluxation we speak of as "normal motion," but normal motion, if maintained for an unusual length of time, becomes abnormal and it is not infrequent that one awakens with a "crick in the neck" from lying too long in an abnormal position. This condition is more the result of time than the abnormal degree of motion or position, and thus the subluxation is produced.

These subluxations are often produced by accidents, strains or twists of various kinds in the human body. They may be produced by sudden thermal changes on the surface of the body, causing the contracture of certain groups of muscles, pulling the vertebra out of its proper alignment and holding it there. Again they may be produced by a reflex irritation from the various viscera. With this understanding of a subluxation we will readily see that such lesions are not only possible, but probable, and clinical examinations show them to be common.

Recognizing the existence of such subluxation, the question naturally arises, what if any result will develop from such a lesion?

For a proper understanding of this we must consider the anatomy and physiology of the spinal axis and its branches.

Gerrish gives the following as the origin and distribution of the spinal nerves: They arise in the spinal cord by two roots, an anterior or efferent root and a posterior or afferent one. After emerging from the cord these two nerves unite, forming a mixed nerve. This mixed nerve passes out through the intervertebral foramen, after which it gives off a recurrent branch, which receives fibres from the sympathetic system and re-enters the spinal canal, supplying the vertebra, their articular surfaces, ligaments, blood vessels and meninges. The tissues supplied by this recurrent branch makes its importance much out of proportion to its size. After the recurrent branch is given off the spinal nerve divides into a dorsal and ventral division, each of which receives connecting branches from the sympathetic system. The dorsal division passes backward and supplies the posterior spinal muscles, the integument and other tissues in that region. The ventral division passes forward and supplies the muscles, integument and other tissues in the anterior part of the body, and through the plexuses sends branches to the interior viscera and tissues. Thus the three divisions of the spinal nerve arise from the same center, or centers, in the cord; each receives a sympathetic fibre and each innervates separate and distinct areas and tissues. So intricate and complete is this nervous association of the various parts of the body, through the nerve centers, that Kellog says that every area of the skin periphery is associated through the nerve center, which supplies it with nerve filaments, with some special visceral periphery or vascular area. Hilton

shows the same nervous connection between the internal and external tissues when he says "the same trunks of nerves whose branches supply the group of muscles moving a joint furnish a distribution of the nerves to the skin over the insertion of these same muscles, and the interior of the joint receives its nerves from the same source." This is equally true of other tissues on the surface of the body. They are all associated through the same nerve center with the same internal structure.

Subluxations, wherever found, produce tension, pressure and irritation, both intra-articular and extra-articular, but aside from this local pathology vertebral subluxations are particularly injurious from the number and importance of the nerves and vessels subject to involvment.

Approximation and rotation of vertebra, especially in the dorsal region, decrease the size of the intervertebral foramina, causing irritation and pressure upon the important structures found therein, namely the anterior spinal nerve root, the posterior spinal nerve root and its ganglions, the recurrent nerve, sympathetic fibres and blood vessels. The cord itself may be affected and systemic disturbances apparently much out of proportion to the cause may result from such lesions, irritating and obstructing the afferent and recurrent nerve fibres and blood vessels passing through these foramina. However this pressure on the nerve may be sufficient only to obstruct the free circulation of the nutrient fluids within the nerve sheath and yet by such produce far-reaching effects.

Bony subluxations may be either primary or secondary. Primarily they are caused by falls, strains and blows or a faulty position. Secondarily they are caused by internal disorders. Clinically it seems of little matter whether a given lesion is a primary or secondary condition in the disease process. Its removal is an important step in curing the co-existing pathology. As an example of lesion of traumatic origin at or about the fifth to the seventh dorsal, we know that subluxation, characterized by muscular tenderness, contracture and perhaps by subluxation of one or more vertebra, will excite abnormal impulses along the efferent nerve fibres, emanating from the centers affected thereby, namely, first, the recurrent branch which supplies the vertebral articulation and meninges; second, the ventral branch which supplies the anterior chest wall, and through the splanchnics the stomach and other abdominal viscera.

As a result of these abnormal impulses set up by this spinal lesion, abnormal conditions will arise in the stomach and other organs in reflex connection. The character, intensity and duration of these reflex impulses will, of course, depend upon the amount of pathology produced by the primary lesion.

Likewise a disordered stomach from dietetic errors or other causes will set up abnormal impulses, but in a reversed direction. Thus the reflex circuit will be reversed. The exciting cause

being in the stomach, the nerves which are affected reflexly will be, first, the recurrent branch which supplies the vertebral articulation and meninges; second, the dorsal branch of the spinal nerve, supplying the spinal muscles and skin in that region; and, third, the other fibres of the ventral branch, which supply the anterior chest wall and the overlying integument. In these tissues thus supplied these abnormal impulses will set up vasomotor changes, irritation and contraction of the tissues, which, if of the proper character and of sufficient intensity, will result in vertebral subluxation. Thus the spinal lesion causes a visceral one and a visceral lesion causes or perpetuates a spinal one, thus forming a vicious circle, which by its continuous action will cause the condition to become chronic. In order to effect a cure in either case the cause must first be removed. Should the cause be primarily in the stomach the diet must first be corrected, the proper chemical reaction restored, all local irritation removed, the indicated remedy may be administered internally and last, but not least, we may relax the contracted spinal tissues by mechanical means and adjust any existing spinal subluxations, thus freeing the nerve and blood supply to the affected nerve centers and permitting Nature to restore the normal.

As before stated, it matters little whether the given lesion is primary or secondary; its removal is an important step in the process of cure. It is remarkable how rapidly these reflexed spinal lesions will develop from an acute internal disorder. I have often seen marked soreness and muscular rigidity develop in the upper dorsal and cervical regions in twenty-four hours when the patient contracted a severe cold, and I have seen the progress of these internal disorders cut short or aborted outright by the mechanical removal of the spinal lesions.

Abnormal conditions along the spine, especially areas of tenderness, as associated with internal disorders, have been observed by others than manual therapists. Hilton, in his classical work, "Rest and Pain," notes the frequent association of sore spots along the spine and certain internal disorders. He seems not to have determined the exact pathology at these points in many cases, but only to have determined from the pain and tenderness that some abnormality existed there. Absolute rest and fixation of the affected part was his chief treatment, and by that means he succeeded in curing many cases after other methods had signally failed.

Perhaps no more concise and convincing consideration of this subject has come from a medical source than that given us by the late Dr. Hammond. In his treatise on disease of the nervous system, and more particularly in his monograph on spinal irritation, he gives his results and conclusions arrived at from his personal examination and treatment of one thousand cases, and nearly as many more from other competent observers. His observations may be summed up as follows:

First. That the areas of tenderness along the spine are common and, to use his own words, "Those who refuse to believe it must necessarily belong to one of the following categories, their experience must have been very limited and, therefore, they cannot see or they must have been endowed either with restricted powers of observation or with minds so constituted as to cause them willfully to close their eyes to the facts that they did not care to see.

Second. That the patients themselves are frequently unaware of the existence of these areas of sensitiveness until called to their attention by an examination.

Third. That this sensitiveness may be in either the muscular, cartilaginous, ligamentous or nervous tissue, and may be accompanied by hyperæsthesia of the adjacent cutaneous areas and must not be confounded with disease of the vertebra.

Fourth. That the cord itself may be, and frequently is, hyperæsthetic at such points.

Fifth. That the various systemic disturbances (eccentric symptoms) result from, or are associated with, these areas of spinal tenderness, and that by far the most important and noticeable symptoms of spinal irritation are to be found in distant parts of the body.

Sixth. That these eccentric symptoms bear a distinct anatomical and physiological relation to those areas and spinal tenderness.

Seventh. That these sensitive areas may develop quickly, often within a few hours.

Eighth. That they may result from traumatic, sexual, emotional, mental, hygienic or dietetic errors, or may result from acute and infectious diseases.

Ninth. By prepared treatment, chief of which is counter-irritation over the spine, these sensitive areas may be removed and with them the associated eccentric conditions and symptoms.

From the causative factor ascribed to these conditions by Dr. Hammond we see that these spinal lesions may be primary to the eccentric symptoms, as when due to trauma; or they may be secondary, as when resulting from mental, emotional, sexual or dietetic causes.

Remedial measures applied to a part for the purpose of affecting a distinct tissue reflexly is a very common practice in medicine. Liniments, counter-irritants, blisters, poultices, heat and cold, when used to relieve an internal disorder, exert whatever superficial effect they may have reflexly through the nervous system. No local medication can penetrate deeper than the superficial blood vessels and lymphatics before being absorbed in the general circulation. A liniment or blister over the joint exerts its good effects by exciting afferent impulses, which affect the spinal centers and are reflected back over the efferent fibres which supply the joint structure, as these fibres emanate from

the same spinal centers. If superficial local stimulations can reflexly affect internal parts sufficiently to be of an appreciable therapeutic value, how much greater the effect must be if such work be applied at the spine, close to the nerve centers and where the chief reflex lesions are located.

To the question, "How would you treat this disease or that by manual therapy?" the answer must invariably be, "By removing as nearly as possible those lesions, either primary or secondary, which are associated with the condition." If these lesions are removed the vital recuperative powers, left free to act, will, when possible, restore to their normal condition the affected tissues. Lister has shown that when left free to act every cell tends to recuperate after injury. The lesion producing or associated with a given case can be determined only by an examination of the individual case. Consequently no stereotyped manual treatment for any disease or class of diseases can be given. The removal of the causative lesion or lesions is the fundamental principle of manual therapeutics.

DISCUSSION.

ROLAND T. WHITE, M. D., Pittsburgh: I just want to have cleaned up a little confusion which is in my mind as to the relationship of these various cults or physical movements—the practice of osteopathy and this practice that has been brought out, namely, spondolo-therapy.

DR. SCHENKELBERGER: I have worked earnestly along osteopathic and medical lines and have also investigated various other methods of treatment. I will endeavor to clear up the confusion regarding chiropractic, which is in reality an offshoot of osteopathy.

The theory of chiropractic being that all disease is produced by impingement on the spinal nerves at the intervetebral foramina,—consequently the treatment which consists of *thrusts* is administered directly to the spinal column, and there alone.

Likewise in osteopathy we believe in subluxated vertebra and also in the subluxation of the ribs.—tendons—bones of the arch of the foot (as in flat foot),—we positively know that these subluxations do exist in diseased conditions and when the proper adjustments are made recovery follows—providing there is no interference with the nerve supply and the circulation of the blood and lymph is perfect.

C. A. RITCHIE, M. D., Middletown, Del.: The paper of Dr. Schenkelberger was very interesting to me. Since matriculating in Hahnemann, of Philadelphia, in 1892, I have had a very varied career. When I started the study of medicine I believed in that branch of the homœopathic profession that I had taken by faith from my preceptor, known as high potency. I thought that a man who gave the first decimal potency was a mongrel; the man who gave a two-grain quinine pill was an allopath; the man who recommended a surgical operation was a butcher, and as osteopathy was not known at that time as it is to-day, I had no knowledge of it. But circumstances seemed to develop me along all these lines. I located in a neighborhood where I found I was obliged to use some other things than the high potency; I found I was obliged to recommend surgical operations, particularly for appendicitis, and I have had to recommend many of them in seventeen years of practice. Then in my own family I had certain conditions arise that baffled medicine and surgery and I found I was obliged to resort to electricity, which did quite a lot for the case to which I refer. After a time electricity seemed to reach the end of its usefulness, and a couple of years elapsed before I awoke

to the fact that there was some trouble with the spine. Then my eyes were turned to something of which I knew nothing, viz., a study of what is known as chiropractic. I have spent the past five months investigating this in Davenport, Ia., where I have had the privilege of seeing 750 patients a day treated by manual manipulation. I have seen cases of all kinds treated. I am not a chiro-practor, I am not an osteopath, I am a homœopathic physician and surgeon, but I see good in osteopathy, and I see good in chiropractic work. I do not believe in treating all stomach conditions by reduction of sub-luxated dorsal vertebræ, but I will say that I have seen quite marked good from reducing the vertebræ in stomach and liver conditions. In all conditions of the special senses, especially of sight and hearing, I have seen good come from the reduction or adjustment of sub-luxated cervical vertebræ, and I stand as one ready to investigate thoroughly anything that is offered.

DR. SCHENKEIBERGER: There is just one thing of which I wish to speak in closing, and that is that the trouble with the medical profession in general is that they hold these systems of treatment as being illogical and ineffective, and endeavor to stop their progress. There is nothing that can stop the system that has merit, and if the medical colleges do not teach it, these other schools are going to have an extremely healthy growth, and the medical practitioner will be held in disrepute, because he will not use these natural methods of treatment.

BUREAU OF MATERIA MEDICA

REPERTORY STUDY.*

BY FRANK W. PATCH, M. D., FRAMINGHAM, MASS.

A better title for this paper would be "A Plea for More Extended Use of the Repertory." It is always a source of wonder to me that so few homœopathic physicians make use of this most valuable adjuvant to materia medica study, and I have been unable to find a sufficient reason for this neglect. Many physicians have no adequate repertory on their shelves. Others possess the books, but seem to have no understanding of the methods necessary to their proper use. Recently a number of articles have appeared in various magazines, calling attention to these facts, and I can now only second their efforts and urge everyone who is not already accustomed to depending on the repertory to make a point of familiarizing himself with the various books at hand.

Two forms of repertory are prominent in our literature. The first we may speak of as the catalogue form, as illustrated by the Gentry Concordance, published more than twenty years ago, in which the general symptomatology of materia medica is arranged in alphabetical form, and the physician is supposed to turn from

*Not all cases are equally well adapted to Repertory study. For complete analysis much depends on ability to elicit clear-cut symptoms from the patient. Yet the repertory, intelligently used, can become of great service even in cases that admit of only incomplete study in guidance to some group of remedies.

symptom to symptom as he may need. Of the older books, that of Constantine Lippe was perhaps the best, although the arrangement is such that it is reallly of very little practical use to more than a limited number of practitioners. In repertories of this class, of which there are many recent examples as well as these older ones I have mentioned, no attempt is made to differentiate the value of symptoms in any way. The books are merely catalogues of isolated symptoms taken by themselves from the provings of the remedies and arranged in alphabetical form. Their only value is to facilitate the placing of some obscure symptom which the physician may have in mind and want to locate, but is unfamiliar with the remedy whose pathogenesis may contain it. Of this class of repertories many minor volumes have been published, some of them of occasional use,—for example, Guernsey's Repertory of Hæmorrhoids, Bell's Repertory of Diarrhœa, and so on. These books are of real value in many instances where one wants to look up some special symptom in a given case in order to freshen his memory. Others of this class of books we rarely take from our shelves, as they are too fragmentary to be of possible use.

When it comes to the actual analysis of cases and the attempt to locate the similimum, we must have recourse to a repertory of entirely different character. Of these works, which I may speak of as analytical repertories, we have two prominent examples,—that of Bœnninghausen, originally published many years ago, more recently revised by Dr. T. F. Allen, of New York, and that of Dr. Kent. These two books are perhaps the best known of any that we have at present, although Dr. Knerr's Repertory of the Guiding Symptoms and Dr. Clark's Repertory, published in connection with the Dictionary of Materia Medica, are both valuable works.

A frequent criticism of the repertory is on account of its incompleteness. It is true that no repertory can ever be absolutely complete, but we may say at the same time that no materia medica can ever be absolutely complete, on account of the constant addition of new drugs from time to time. We are safe in saying, however, that even in its present state of incompleteness the repertory, as well as the materia medica, contains far more material than we can digest. Most of you are familiar with both the Bœnninghausen and Kent repertories. The method of use is practically the same. Each gives a comprehensive idea of the value of symptoms as elicited from the prominence of these symptoms in the provings. The real value of any repertory must come from the facility with which it may be used in analyzing cases, the time which it enables the practitioner to save in searching for the similimum, and the accuracy with which it enables us to get at the corresponding remedy in a given case. The difficulties which are met with by many physicians in attempting to use repertories are, it seems to me, a failure to understand fully

the scope of the book, and the confusion which arises from contemplation of a mass of symptoms which appear, superficially, to be arranged in so unsystematic a manner. In addition to this we have the failure on the part of many homœopathists to fully understand the relationship between drugs and individuals, and the necessary homœopathicity which should exist, not only between symptoms of patient and drug, but in a larger degree between the nature of the drug and the nature of the sick individual. The greatest value of the repertory is in assisting us to discover just these points of homœopathicity. Several methods have been evolved of using the repertory. Bœnninghausen himself suggested what we may speak of as the location method—that is, in making a study of a given case he would first note the remedies prominently related to the portion of the body affected by the disease. He would then note the character of the pain, the various modalities affecting the pain, any concomitant symptoms, and finally the mental symptoms, used to verify the choice of the medicine. Other students, feeling that the prime motive in prescribing should be the patient himself, begin the analysis with what Dr. Kent calls the "generals" of the case—that is, any symptoms, either mental or otherwise, pertaining to the whole individual and being a part of his innate personality, such, for example, as the mental state, the temperature sense, intimate alimentary likes and dislikes, and following these the location and characteristics of the more recently developed symptoms. As you will see, the results of these analyses must eventually be practically identical. Consequently it seems to me that it is hardly worth while to discuss the relative value of either method. Suffice it to say, that it is always our purpose to differentiate the especial individual in hand from every other individual.*

In any study of this kind it is important that we fix our minds on the essential points in order to simplify and clarify. Here the essential point is the discovery, through the use of the repertory, of the remedy that shall be homœopathic to the case in hand, and it matters little whether we begin our study with the location or with the individual so long as we ourselves keep this central fact in mind and make it serve our purpose.

There is no time here to go into an intimate discussion of the more minute features of either the Bœnninghausen or the Kent Repertory. It is enough to say that either is of great value after one becomes familiar with the arrangement, that by the use of either a complete analysis of any case may be made. The advantage of the Bœnninghausen over the Kent is its compactness, while the advantage of the Kent is that it contains many more recent remedies than Bœnninghausen, though a large proportion

*Repertory work in chronic cases may properly differ to quite a degree from that in acute disease for the reason that here success depends to a great extent on the homœopathicity of individuality rather than that of symptomatology and we must so guide our work as to bring out this quality.

of these newer medicines are as yet incompletely proven and consequently of less value than would otherwise be the case.

Still another reason for the use of the repertory in any careful materia medica study is the insistence such a plan makes on the accurate keeping of records. Indefiniteness of statement in regard to sickness is one of the unfortunate attributes of many homœopathic physicians. Careful repertory study conduces to accuracy. The physician accustomed to using his repertory constantly becomes so familiar with the rubrics that he actually thinks in materia medica terms, and this habit becomes of great service in simplifying his study and rendering it clearer to others. Bœnninghausen, in the preface to his Therapeutic Pocket-Book, speaks of underlining symptoms in the materia medica, as a matter of study, according to the order observed in the repertory. I find it equally useful in taking a case to underline rubrics as they come out in the statement of the patient, from medical and well-marked symptoms, so that when the analysis is made it is a simple matter to transfer these rubrics for use in the repertory study of the case. Then, too, one is impelled to become brief and to the point in his use of words, to avoid superfluous phrases that have no connection with the subject in hand. Thus one becomes accustomed to using the repertory and the materia medica practically as one book, the first for the principal analysis of the case, the second for reading and confirmation. The one without the other is barren.*

*One great danger with all physicians, even those versed in the tenets of Homœopathy, is to become routinists in the use of drugs. Repertory study serves to counteract this tendency and help us to individualize, consequently it is to be commended.

BIRTH CERTIFICATES AND PARENTAGE OF OUR HOMŒOPATHIC ARMAMENTARIUM.

BY E. PETRIE HOYLE, M. D., LONDON.

The present paper is the natural outcome of reading the British *Medical Journal* of January 6th, 1912, and noting the joy and self-complacent congratulations therein expressed by two allopaths, who pat each other on the back, and laud their research work, their triumph and scientific (?) achievement, in discovering what they term *"the new cell proliferent"* and which turns out to be none other than our old, old friend *Symphytum Officinale*. Where the "newness" comes in, you and I fail to see, and what the "discovery," the *"addition to science,"* is we are also at a loss to understand.

The two doctors, Bramwell and Macalister, above alluded to, are the two "scientific discoverers." The former refers to Symphytum as "a long forgotten remedy," and he remarks naively that "is it indeed refreshing and gratifying in these days of

serums and *vaccines* and highly complicated preparations, the administration of which, in some cases, is fraught with the gravest possible danger and soul-harrowing anxiety on the part of the administrator, to find a physician of Dr. Macalister's standing, setting on foot the investigation of so simple and natural a remedy as the *common comfrey.*"

To the expressions of danger, we willingly agree; to the claim of *discovery* and *priority* of the uses of Symphytum, we as emphatically deny. Here we have a typical instance of allopathic plagiarism, totally ignoring our very substantial and precise information to be obtained in our "relatively recent" works.

Briefly, this is what they have "discovered" about Symphytum root, from which they have extracted an alkaloid "Allantoin," all of which, and more, is contained in our own mother tincture. They say Allantoin contains (1) gums, (2) sugars, (3) resins, (4) a protocatechuic derivative or derivatives, (5) a substance giving an intense yellow solution with Sodium Hydrate (not investigated further), (6) a crystalline solid, very rich in Nitrogen and melting at 226° C.; (7) that it melts at the same degree as Uric Acid; (8) that Allantoin is expressed $C_4H_5N_4O_3K$ and a salt of Uric Acid is expressed $C_4H_4N_4O_3HNO_3$; (9) that clinically Allantoin "*is thought to have cured* (?) *or helped in some measure* (which seems to lack precision) old ulcers, including some ulcers occurring in paralytic cases, varicose ulcers, burns, slow healing drainage tube tracks, chronic myxœdematous ulcers, gastric and duodenal ulcers," or "*at least they think that it is a helpful measure for them,*" and they suggest a trial in *tubercular* and corneal ulcerations and also in skin grafting; (10) it has been tried locally in 0.3 or 0.4% of the crystals.

The other "discoverer," Dr. C. J. Macalister, is frank as to his "researches," but how very far short of being thorough or just I will leave it to you to decide. He says, "*I can find no reference to comfrey in any books on materia medica or therapeutics of relatively recent date;* Pereia, for instance, does not refer to it, and *it never was an official remedy* (?) *so far as I can discover.*" (Can it be possible that he has some knowledge of *our unofficial knowledge* of it?) He does mention that its value as a vulnery and as a dressing for sores and ulcers of various kinds was known to Saxon leechdom (circa A. D. 1000).

Now that their "Science" has found that it is akin to Uric Acid, and they having given it *atomic* precision, we may sooner or later expect to see that this *new born* (hoch woll geborn) will be claimed solidly as their own offspring—born January 6, 1912, in the fullness of scientific wedlock.

Our works of *relatively recent date* evidently have been *conveniently* ignored, which is the crassest kind of prejudice and certainly not humane, when one considers the life and suffering at stake, or else we have here another instance of *dense ignorance.*

Were this but a single instance we could afford to overlook

it, but it is not so by any means, and the outcome of some correspondence with our chairman, Dr. Moore, has decided me to write thus.

What are we doing to protect our professional rights (never patented, however) from the encroachment and filching (clumsily done I admit and without our finer symptoms differentiations being noted) and without the *honorable mention* we have a right to expect?

How are we best to proceed to so substantiate our claims now and for all time, and which if left to *vague* futurity will be much harder to claim and substantiate?

I think it is a *sacred duty* we owe to Hahnemann and none the less to ourselves to fix once and for all time an exact *chronology* of birth (*i. e.*, introduction) and also their "*parentage*," and so sufficiently honor our colleagues.

You will probably realize that much *data* which exists are not very much more than the casual mention in individual papers, which may occasionally be hard to confirm, and not being sufficiently indexed are almost impossible for ready reference. What is more to the point is that these data are beyond the reach of the majority, they not having access to sufficiently large libraries, collegiate or private, to follow up cross references.

I claim that the best way to do this work is for some *authoritative body*, such as the American Institute of Homœopathy, to draw up a complete *chronological table*, to include the names of the "introducers," and which, when done, *should ever after be incorporated in all our works on materia medica pharmacopœias*, just as those works now remark on the various kingdoms whence the drugs are drawn, the parts employed, etc.

This reference to the *date of introduction*, which need only take one or two lines, if space is a desideratum, should certainly be given as constantly as the clinical uses or characteristics.

As a negative instance of what I mean, take Platinum, which Hering states was proved by Hahnemann and which appears in the Chronic Diseases. Turning to that work, we find it gives no date, but the fact of its being in the second German edition proves that it was used prior to 1835; that is all.

Again, take Agaricus Muscarus, which appeared "for the first time" in the second German edition of this same work. Reference is made there to a published proving in 1828, and one authority quoted seemingly antedates this by some years, but what that is cannot be confirmed from the text.

As a positive instance, take Aurum Met., page 270, Vol. II., in Hering's Guiding Symptoms, and it is found "proved and introduced by Hahnemann in 1818." Thus one line settles it, and no allopath can get back of that sort of positive information, which provides *birth certificate and parentage* in one line. Of course we know that it was used by the ancients, but its therapeutical precision is ours, and that is what we are concerned with.

Hughes gives this fact in his "Pharmacodynamics," but T. F. Allen and J. H. Clarke do not, and men who own only one or other of these good works and not Hughes would be at a loss to prove its first use by us to any critical allopath. I think these facts are of enough importance and interest to be recorded *uniformly* in our major works of reference. Any colleague may have a direct challenge from the enemy at any moment, and I have known some of the laity who were most interested in such information, so our practitioners should be able to pick out these facts readily and from any work of reference they own. It is well that our students become familiar at an early period in their studies with the venerable age of their armamentarium, which of itself may steady many a student, who is supposed to have been made familiar with the state of "change and decay" which is a factor in allopathic therapeutics, where drugs become *back numbers* every few years, changing more or less quickly according to the concentration and complexity of the pharmaceutical product, which, whatever it should do according to theory, in practice may be found to be highly dangerous in its effects, doubly so when the dosage employed means flirting round *the minimum fatal dose*, as is often the case.

Another factor in their changing therapeutics lies in the activity and the competition of the manufacturing chemists and their patented and much advertised products, coupled with the undoubted power and their use of *printer's ink*.

Thus will a ready knowledge of our continuity and the age of steady usage of itself prove a powerful asset when confronted with the changing allopathic *fashions and fancies*, oftener than not at the *mercy of commerce and not science*.

In the present era of "fashion in medicine" we have all the more need for immediate action and fixed chronological order in our *nosodes*, as these are being nearly though crudely encroached on by the phase of allopathic *serum worship*, but this fashion already shows some signs of wear and tear and rift in the camp of its worshipers inasmuch as they are avowedly now engaged in seeking *a cure to cure the bad effects of their curative sera*, for "serum ills" are well known (vide "Lancet" for Dec. 16, 1911, and quotations in the *Hom. Recorder*, Feb'y, 1912).

Perhaps the most important "*birthday and history*" to fix with authority is that of our *Tuberculinum* or *Bacillinum* of Dr. J. C. Burnett, which author gave us his "Five Years' Experience in the New Cure of Consumption," which bears a footnote *written in 1890*, which takes us back to 1885; but Burnett begins his monograph thus: "It would be about *fifteen years ago* that I first occupied myself with the question of the therapeutical use of the *viruses* of certain diseases against the diseases themselves."

Koch gave the world his Bac. Kochii in 1882. So we may have to do some careful research here to clear up *our priority*. I cannot do it with the literature at my disposal, beyond quoting

Hering, Vol. X., page 350, where it says, "Fragmentary Provings by Swan—(no date given); Refer to Organon, July, 1879, pp. 342, 439, 449, and also Swan's Morbific Products, 1886," to which I cannot turn, not possessing any of these works.

This one fixed date, July, 1879, thus antedates even Koch's Bac. discovery in 1882. What we have in 1879 or before I cannot prove, however much I should like to. I confess that I have met and talked to many laymen who rightly "wanted to know," seeing that their lives and the lives of their relatives were at stake. You may argue that they should not be told anything, but I say that once you satisfy and cure these laity who seriously "want to know" all about it, you have thereafter in them powerful patrons of and for Homœopathy, whilst nothing appears in worse light than to have to admit "I am uncertain," and bluffing is a game not to be thought of for a second.

What then is our margin of priority in Tuberculinum? We should fix it and seal it with no less authority than that of the American Institute of Homœopathy, from whose findings there could be no appeal.

At the last International Homœopathic Congress—London, 1912—the paper of Dr. Margaret Tyler brought out a few important dates of several of our *nosodes,* and they antedate allopathic *sera* by half a century or more. To our glory let it beknown and shown often, viz., that Hering mentions *Anthracinum* in 1831, quoting from Stapf's Archives of 1830. There I read a further reference of a Dr. Weber, who published a treatise in 1836 at Leipzic on "The Cattle Plague," being most brilliantly cured by Anthracinum.

Hering is therein quoted as giving us *Lyssin* in 1833, and in his Guiding Symptoms, Vol. 6, page 559, we find fixed exactly the *birthday* of *Lachesis* as on July 28, 1828, and its introduction into our materia medica in 1837. This is done in less than four lines, but it counts for precision and our most respectable *seniority and priority*, which must not be lightly considered.

Most of the clinical references in Hering's and Allen's works are to works I do not possess, hence I cannot do this compiling of dates as asked by Dr. Moore, much as I should have liked to have helped. Many of these references are to defunct American medical journals, which I expect are on file only in our large college libraries.

To revert to my mention of *Symphytum*, I can trace from Hering's Vol. X., page 209, that a Dr. Cate used it in 1874. In the *Homœopathic Recorder*, 1912, page 100, I see the drug was mentioned in 1846 with an earlier, continental reference (see New, Old and Forgotten Remedies, page 343).

Thus we find *Symphytum alive in 1846*, and the allopaths are *"discovering"* the same drug in 1912 or sixty-six years afterwards, notwithstanding Dr. Macalister "can find no reference to it in any book on *materia medica or therapeutics of relatively recent date.*"

I hope this will arouse interest in the matter of fixing and recording this *data*, of which we would surely be proud when done.

If these data are published in the Institute JOURNAL, we can all add this matter by hand in the works of reference we now possess, whilst in future we ought to be careful not to buy any work which does not possess this information as a special feature.

I thank you, Mr. Chairman, for having asked me to broach the subject for discussion, and which, I hope, will lead to some action.

DISCUSSION.

GEORGE ROYAL, M. D., Des Moines, Iowa: With the Chairman's permission I will not read the paper. The subject of the paper is "Birth Statistics and Parentage of our Homœopathic Armamentarium." I will just state the substance, briefly. His paper starts out by saying that his attention was called to this subject by the statement of two allopathic physicians who were patting themselves on the back because they had made a great discovery and that they had gotten the chemical analysis of a wonderful remedy. The remedy was Symphytum, a remedy that we have known something about and used for sixty-three years. The doctor's point is simply this—that we could save for ourselves a great deal of time, that we could save to our school credit if our materia medicas were so arranged as to give the date of the first proving, as was first given out by the followers of Hahnemann.

He suggests that the American Institute of Homœopathy authorize some individual or some committee to collate all the data on this subject and then to publish it in our American Institute Journal, in such form that it could be taken out and each one who has not a good library could put that into his materia medica, and there have access to it. His reasons are that we could establish for ourselves the priority of the use of our remedies, and further, that those who have not large libraries could make use of the report of this committee and answer intelligently all such questions on this subject. And more than that, and I am very sure he is correct, it would strengthen the faith of the homœopathic student of today, as well as that of the prospective student in the material elements of our armamentarium. Furthermore, I would add the name of the person who first proved and used a remedy for any purpose. Those of you who have been fortunate enough to have possession of Paul Allen's little pamphlet on Uterine Secretions wherein he gives the source of every symptom, realize what it means to us when we know where a symptom comes from, so I would suggest that that be also included in the data.

Now, then, I think this can be brought about most effectively if you will support a resolution which I will offer, sending this whole matter to the American Institute to have it referred to our Committee on Drug Provings. I am quite confident that that committee could use to no better purpose the money it has in its possession than to accomplish what Dr. Hoyle suggests, because it would add value to our provings. Therefore I offer the following resolution:

Resolved, That the Bureau of Materia Medica of the American Institute of Homœopathy respectfully ask the American Institute of Homœopathy that a committee be appointed to collect the data, in accordance with the suggestion of Dr. E. Petrie Hoyle, and that these data be published in the Journal of the American Institute of Homœopathy.

DR. CUSTIS: I think the idea a good one, and I would like to have it come before the Institute. I therefore move that it be presented to the Institute. Carried.

BUREAU OF DERMATOLOGY AND GENITO-URINARY DISEASES.

MORAL PROPHYLAXIS.

BY JAMES KRAUSS, M. D., BOSTON, MASSACHUSETTS.

Moral prophylaxis, the prevention of sexual immoralities, aberrations, perversions, disease and crime is usually considered from three aspects: First, the regulation of prostitution; secondly, the institution of personal hygienic measures of prevention; thirdly, sex education.

Prostitution thrives with regulation and without regulation because of the patriarchal economic conditions which primarily produce it. Remove the economic conditions that cause prostitution and there will be no prostitution. Personal hygienic measures of prevention are matters to be considered by physicians in treating their patients. All such measures are problematic in the face of the fact that venereal diseases can be prevented only by eradicating every vestige of venereal disease that is in existence. Cure your patients suffering from venereal disease and when all are cured personal hygienic measures will become effective. In the present stage of civilization sex education assumes the position of greatest importance, but to be of real service sex education must be true sex education and not what is commonly given as such, which is merely some sort of sex instruction. Instruction and education are no more the same thing than are the fruit of a spore that has been wafted down by the winds and the fruit of a seed which has grown upon its native soil.

True sex education directs and harmonizes the sexual tendencies native to every individual child into normal, rational habits of sexuality throughout childhood, adolescence, maturity, climacteric, senility. This cannot be done by the teaching of natural history, geography, agriculture, as followers of men like former President Eliot seem to think. It cannot be done by observing botanic or zoologic sexual specimens, by dissecting stamens and pistils, penile and vaginal structures. It cannot be done by lessons in obstetrics and embryology, gynæcology and venereal diseases. It cannot be done by preaching threats and creating fear. The object of sex education is to live lives of normal sexuality and as sexuality begins in the cradle and even before the cradle, sex education must be begun with adults, with parents, the fathers and the mothers of children that are and are to be.

Parents should know that if their own sexual characteristics are not necessarily transmitted, the sexual characteristics of their forebears may be transmitted, and while parents may not be

entirely responsible for these or even for their own characteristics, they are entirely responsible for the further normal development of the sexual characteristics of their infants. The newborn child has already cutaneous sensibility and reacts to external stimulation. In infants and young children the erogenous zones are not confined to the sexual organs, but may be said to be coextensive with the entire body. False impressions, calling out erotism in infants and children, may and often do remain for life. The first sexual impression becomes fixed in the sexual centres and directs subsequent sexual hunger and satisfaction with a preponderant force which no later impression going to the sexual centers can acquire. Parents must not ignore the sexual proclivities of their children, nor provoke these proclivities, nor allow others to provoke them in order to soothe crying babes. Parents must not think they can do everything or say everything before a little child. Infants as well as older children have eyes and ears, as is proved by certain cradle motions, which Henoch, the great Berlin pediatrist, has testified to. Children play father and mother in instinctive imitation of parents. Boys kiss their mother passionately as she dresses. Girls speak sentimentally of their father. Children imitate their parents even as to sexual secrecy.

In the early life of a child it is best not to have attention called to sexual matters by act or word or sign; but when the child begins to wonder how it came into the world and begins to ask questions of a sexual nature, it is best that the information come from the parents, especially the mother, that the information be given frankly and truthfully, but frankness and truth need not be in a scholastic, unintelligible form of nakedness. A little poetry surrounding the most wonderful process of nature will not mar but help the child to a healthy sexual idealism, which school companionship later will find it hard to change.

In the school, sexual facts may be taught in connection with the facts of natural history, but the lessons drawn from them for human sexology must come spontaneously and naturally, without prejudicial exaggeration and offense. Formal instruction is a traumatizing process on the psychic element of sexual innocence, which is, notwithstanding all contentions to the contrary, a redeeming and necessary part of sexual normality. Sexual innocence does not require sexual ignorance. Sexual innocence is perfectly consonant with sexual knowledge if this knowledge is not forced and not unnatural.

With the advent of puberty the mother should take care of her daughter, the father of his son. The parental home, the mingling with adults and adolescents, open comradeship between boys and girls should be used not for mating opportunities, but for the development of healthy minds. Children become sexually immoral not because of their ignorance or innocence, but because they live a life to no visible purpose. Seduction is not always

masculine in origin, nor is there complete safety in the presence of church piety. Terror of disease leads to means of gratification labelled safe. Fear of being found out leads to gratification that promises to foil discovery rather than to the exercise of normal and rational moral habits. What the growing generation of children needs and what the married and unmarried generation of adults needs is a clear understanding of the principles of propriety and normality. The Rooseveltian mania of incessant propagation and the more deliberate propagation of eugenic mathematicians need not be considered. They hardly fall into the line of normal civilized sexuality. A life of application with a clearly defined purpose is the only safeguard of moral prophylaxis.

Sprague Carleton, M. D. (New York): For a long while it has been recognized that ignorance was not only an active factor in the spread of venereal diseases but a common cause of unnecessary complications. The truth of this idea has gained so much acceptance that all over the country there have been organized societies of so-called moral prophylaxis. Wherever these societies are called to order there is generally a large and interested audience. These audiences are made up of all kinds and conditions of men and women.

What are they all interested in? What is truly the moral prophylactic movement? The idea originally was that the people were shy, that people did not properly speak of the sexual organs and the sexual functions. The scheme was to have regular meetings where real truth concerning those things would be spoken freely, and to start in the real truth they misnamed their societies "moral prophylactic" societies. They did exactly what they were finding fault with. The real prophylactic movement has to do with the subject of prostitution, it has to do with so-called "free love," it has to do with illegitimate children, it has to do with innocent infections of syphilis and gonorrhœa. In fact, it has to do with everything public and private that can in any way be connected with the sexual organs.

There are a certain number of people who believe that the function of the moral prophylactic societies is to inhibit the sexual impulse. The sexual impulse is a real fact which nobody can deny, yet if you say to some of these people—and the teachings of most of them do nothing more than produce perverts—what do you advise in the case of this man or this woman, concerning sexual intercourse? and they immediately say, if they are married and do anything to inhibit a normal sexual desire or modify normal sexual intercourse they are doing something that is harmful to their physical well being. Yet if you ask the same question of the same people in regard to those who are not married, they would give an entirely different course for these same physical human beings.

If a girl, who is not married, indulges her sexual appetite, she

is thrown out of the influence of society on the ground of immorality. You thus lose control of her and she knows you take no interest in her.

On the other hand, there is the man who goes outside of public opinion, yet you are still interested in him. You do not throw him out of society. If he acquires disease you encourage him in every possible way to take advantage of all that modern science offers in the line of treatment, so that he can be cured, and so that the general public will not become infected.

We have to stop treating women from the moral standpoint and men from the medical standpoint. The world has recognized that the cure of disease is the proper thing, and that, therefore, we should apply our medicine to the prostitute, the commonest carrier of venereal disease, as well as to the man, who is the greatest spreader of venereal disease.

We hear of segregation, medical examination and reglementation as being successful abroad. A lot of ill-advised people are now saying, why do we not follow the advice of France? France has tried reglementation, and France is to-day trying to get away from it. England had it for a while, and she got rid of it. The police hospital is not attractive, and everybody who can possibly keep away from police regulation is going to do so. We must make it agreeable, pleasing and advisable for these people to seek medical treatment, and not try to get our clutches on to them and advertise them publicly—for if we do we will simply add to our difficulties.

In the State of New York we were recently notified we should send in the names of our private patients and the names and addresses of our public patients who are suffering from venereal diseases. What they want these names for, except to gather statistics with which we are already familiar, is a question, unless they want to prepare the public for a future time when they are going to report the names and addresses. There is no doubt but that many people now suffering from venereal diseases, and who, having acquired the diseases go to physicians for treatment, are going to stop going to the regular physicians if their names and addresses have to come up before the health board. It is a question whether we can report these cases. You cannot take a man's property away from him without giving him something in return, even if the State condemns his property. Is it right to take a man's reputation away from him without some perfectly good reason? When you publish a man's or a woman's name on a public list as suffering from gonorrhœa or syphilis, you do take away his reputation, no matter what was the source of the infection.

There has been a real obstacle in the progress of the moral prophylactic movement. Since its beginning every one has pointed to the physician as the person who is going to solve this question, and you know, as well as I, that pretty nearly fifty per cent.

of the students graduating from college say, "Well, I am not interested in genito-urinary diseases. I do not want to treat gonorrhœa and syphilis." And when they go out they turn these cases aside or treat them carelessly. If public health boards are to be so strict with the people who have gonorrhœa and syphilis, we physicians should be active ourselves in following up the latest means of making a correct diagnosis, and I would lay stress on the fact that we should never discharge our cases of syphilis as cured without the Wasserman test, particularly after a long period of no treatment; neither should we discharge a case of gonorrhœa without making the complement fixation test, which is analogous to the Wasserman, wherein there is substituted eight or twelve strains of the gonococcus for the syphilitic principle.

75 West 50th St., New York City.

DISCUSSION.

L. T. Ashcraft, M. D., Philadelphia: A month ago the Medical Times wrote to a number of physicians throughout the country, asking their opinion concerning the decision of the Bishop of Chicago, he having refused to marry those who are physically unsound. I was asked, among a number of others, and wrote touching upon the subject from the standpoint of the urologist. I said in part that the whole problem should be solved by education. There should be lectures delivered by suitable instructors upon questions pertaining to sex hygiene and sex physiology. This education should also be started in the home by the parents. There should, too, I believe, be established in every well-regulated University a Chair of Eugenics. I believe also that the Y. M. C. A. of every city should give public talks, by public educators, upon this subject, especially in the way of distributing pamphlets. At Hahnemann College we show the students the terrible ravages of venereal diseases. I believe with Dr. Carleton that it would be an unwise thing to attempt a Bureau of Registration. It would be almost impracticable. When a man and woman contemplate matrimony, it is imperative that the specialist examine each and if they have venereal disease, marriage should be prohibited until cured. The general practitioner should be most careful in giving patients a clean bill of health.

Rollin H. Stevens, M. D., Detroit: I have been very much interested in what has been said on this subject and Dr. Krauss's paper particularly has interested me. It certainly expresses the ideal. The ideal, however, as has been said by the last speaker, unfortunately, is not very practical at the present time. If we are ever to get anywhere in sex hygiene we will do so by thorough education. All these methods of legislation are merely temporary. But to educate the child is a difficult question. How are you going to do it? The great mass of the parents certainly are absolutely unfitted to do it. You cannot trust them with it. If you will think of the number of people among your acquaintance with children running around who are more likely to be infected with these diseases than others, you will see the utter futility of leaving that work to them. Are you going to do it in the schools? If so, you are in danger of bringing that matter before the children in altogether too prominent a way unless we can devise some means to bring it in with the general education so that particular attention will not be attracted to it, and it seems to me the only way to do it in the schools is through the teaching of biology. The matter can be brought to the child's attention if biology is made a part of the general subject of hygiene. Not only sex physiology should be taught at that time, but other matters of hygiene and sex physiology should be brought in incidentally as you introduce other matters.

However, I have spoken of the parents, and it seems almost futile, as I have said, to get them to do anything. In Detroit we have started this plan. Our Detroit Society for Sex Hygiene has obtained permission from the School Board to use the schools for lectures to parents afternoons and evenings—mothers in the afternoons and fathers in the evenings. We have a corps of some twenty-five lecturers, men and women. The women lecture to the mothers in the afternoons, and the men lecture to the fathers in the evenings. That work has only been started this last year, but a number of lectures have been given and they seem to be very much appreciated and I believe are accomplishing some good. I think there is really where we have to begin. As Dr. Krauss said, the parent is the one who should get the information through the school now is better fitted to do it than the parent. If the parent is to do it the parent must be educated, because he or she has not had that education. If we are going to teach sex hygiene in the schools, it must be taught in the normal schools so the teachers can carry on the work. I doubt it is feasible for a board of physicians to instruct the children. They are too likely to give too much and make it too technical so that the purpose would not be accomplished. That plan has been suggested in Chicago. Dean Sumner has succeeded in getting some appropriation for this purpose—that is, having physicians lecture in public schools to parents and children—but I think the aim should be to educate the parents and the teachers, so that they may give this instruction to the children.

In regard to the marriage law, Michigan has the best marriage law of any State in the Union. That marriage law was passed in the year 1847. There have been some modifications of it since. The law has not been observed or tried out. The minister or justice of the peace who performs the ceremony is supposed to require of one or both of the parties an affidavit to the effect that he or she is free from disease and fit to marry. That is also supposed to be required by the city clerk. That is an addition to the law made in 1896.—so that both the clerk and the man who does the marrying are supposed to require of one or both parties an affidavit to the effect that they are free from disease and fit to marry. If such parties have the disease in any form and marry, they are subject to a fine of $500.00 and imprisonment one year in the State's prison.

Dr. J. D. Buck, Cincinnati: Certainly when I came to Pittsburgh I did not expect to speak on a subject of this kind. It is one in which I am considerably interested, as all physicians and teachers in medical colleges and all parents are, and ought to be.

The sex problem is the crux of modern education—it is over everything else. It always has been the crux in some form, but it has to-day reached a stage in what we call modern civilization, which it has perhaps never reached before. Those familiar with the history of prostitution in the past, with the history of woman and the institutions of society in the past, of course, are aware of the broad application of what I am saying. As doctors, as physicians, we have two problems on hand: one is to cure disease, the other is to promote health. The majority of the doctors become so involved in curing disease as a profession that they overlook to a very considerable extent, on general principles, the promotion of health. Our athletic societies and clubs have physical exercise to work along those lines splendidly.

We are facing a condition in America to-day that is very remarkable and has never been seen in the history of mankind before to any such degree. It has never involved so many individuals at one time with this problem back of it, as it does just now. We have, on the one hand, the progress of the enfranchisement for the freedom of women. We have, on the other hand, the necessity of so many women earning their own living. And with all of these, we have no diminution in the extent of prostitution, but we have, perhaps, more of it in secret than heretofore.

The whole question is one of education, and this education has to begin with the child, but it has to go along through childhood and particularly

through adolescence, and, finally, through manhood and womanhood. With the great majority of people to-day the subject of adolescence has been entirely neglected or ignored. Sex education is only one element of education in general and I might say I am so much interested in this subject that I have a little book going through the press, entitled "Soul and Sex in Education." I have written upon this subject from the standpoint of education per se. I have tried to show that if real education begins in childhood and is carried all along through youth and particularly through adolescence, the sex problem will be subordinate to character building and a guide to avoid ills in the life of the children. Still I am in favor of all these lectures by men and women, and the education of teachers. Undoubtedly it does great good and it is a great improvement on what we have had the past twenty or thirty years. As to the Social Purity Societies, I think some of the most sloppy sexual papers and addresses I have ever read in my life have been from some of the promoters of sexual purity. They repeat platitudes, give religious formulas to a great extent and then wallow in sex. That, to my mind, is not purity—neither is it education.

The keynote of all education in sex or anything else is to teach the child to control himself. Self-control in childhood insures self-control in manhood and womanhood, and you cannot get self-control in child, man or woman without there is instilled into that individual the sense of personal responsibility, and I say it with reverence and as a student of human nature and psychology of a great many years, the most pernicious inferences that are drawn in modern society to-day are those of vicarious atonement. It is the mis-interpretation of everything that iriginated in that time, and it gets down into character,—and just see how it works. Here is a young boy, 12, 15 or 20 years of age, he gets among the boys, takes a glass or two of beer, gets a little dizzy, does all sorts of things, breaks a few windows, and, perhaps—well, no matter, "Dad is rich, he can pay for it all." And he goes again and again and again. You know very well what is going to happen in that case. If he had to work at day's work and pay for all the damage, he would think twice and certainly would not work at hard day's work more than a day or two. But if dad is going to pay, it is of no consequence and he will go again and again and again. Without instilling into the child a sense of personal responsibility, he will do this or that, but mind you, you will have to pay the consequences. For instance, a child four or five years of age is wearing its party clothes, soils them in previous play, then you say: "All right, Mary, or all right, Johnnie, you cannot go to the party this afternoon if you get your clothes dirty." Personal responsibility should be carried through childhood and adolescence, through manhood and womanhood. Commonly people to-day recognize in the building of their own characters the fact of their responsibility for everything they do and sooner or later pay the penalty. The difficulty is when they can dodge it and say, "Dad pays the bills," go to a priest, confess their sins and be forgiven. When you get this into the actual every-day living you see what it does. It is not the "Now I lay me down to sleep" with the child, reciting the catechism, mumbling the thing over and make no difference in its application, but it is living this thing with firmness, decision, kindness, gentleness, until it is the conviction in the life of the child. But yet add to that one other thing, and that is, high ideals. Is a man going to associate, when under the influence of liquor, with a lot of these waifs on the street, if he stopped to think: "Suppose that were my mother, my sister, my wife?" Is he going to associate with them in that way, demoralize and besot himself until rotten with syphilis and gonorrhœa, and, at the same time, hold high ideals? Now this is the whole question. It is summed up in the building of character by self-control, with the recognition of absolute personal responsibility for everything you do, and there is only one place in civilization, where that is put into practice, and that is in our courts of local jurisprudence. A man is arrested and brought up and, no

matter what the crime he is charged with, the courts and jury undertake to determine the extent of responsibility. If he was drunk, that modifies it, although there may be cause for getting drunk—as a defect in character, easily influenced or over-influenced at that time—everything that in any way lessens the degree of responsibility modifies the character of the punishment to be inflicted. All courts of jurisprudence in the world observe this, so that it should be an object lesson to the whole of humanity to-day, that this question of self-control, or moral responsibility, lies at the basis of all conduct in the building of character and the results and the rewards of life. And then if you can instil into their minds high ideals, not something way up in the clouds—gentleness, kindness, cleanness,—you will get rid of this thing, and you will never get rid of it in any other way. You can patch and try to cure, but it is doubtful if syphilis and gonorrhœa are ever cured. I do not believe they are ever eradicated. I have seen these diseases come back and out in the same individual twenty years afterwards. You are not going to cure anything that way. You are going to help and improve conditions, just as we have in regard to small-pox and other contagious diseases. What is the keynote of the whole realm of surgery that has given it its magnificent triumph? Nothing in God's almighty world but cleanliness—absolute cleanliness—and now they can do a great many things they never thought of doing before. I remember when laparotomy was introduced and bichloride of mercury was brought in for disinfection purposes,—but progress along all these lines has been on the basis of physical cleanliness. Let us instil into the mind of the child moral cleanliness—not moralism—but common sense and the hard facts of life, showing the condition of the thing, and cultivate and strengthen their desire for cleanliness, manliness, and womanliness—to be clean, and have high ideals.

Hills Cole, M. D., New York City: This problem which has been so largely avoided is one that particularly appeals to me from the standpoint of a public health worker.

We have been told that we cannot properly arrange for the registration of this class of diseases; that is from one viewpoint. It is not from the broadest viewpoint.

The problem comes up to the public health worker in this way: The man or the woman on the street asks, "Is syphilis, is gonorrhœa a communicable disease?" The reply is, "Yes, they are communicable diseases." Now the health officer, as a servant of the public, is called upon to do whatever in his power lies to prevent the spread of communicable diseases; and the public or ordinary laymen ask, "What are you doing, as a health officer, to minimize in any way the spread of these acknowledged communicable diseases?" The majority of public health officers have to say: "We are doing nothing at all." So that we are laying ourselves down as culpable to the general public because at present we are not handling this situation from the public health standpoint.

It is a problem that has to be handled from that standpoint, as well as from others, not the least of which is the educational side. In New York State, under the State Department of Health, we expect to start a campaign this year with perhaps a dozen women physicians and men physicians on our staff, who will go throughout the State to deliver lectures or talks before women's clubs, men's clubs, or Y. M. C. A.'s, as the case may be. The educational side has to be taken care of.

Reference has to be made also to the economic side of the question. That is an intensely vital one when in our dry goods stores throughout the country, girls are paid $5.00, $6.00, or $7.00 a week, while in the house of prostitution she can earn $25.00 a week, at least. It is a mighty strong economic question. Employers should be compelled to pay women a living wage. This would be a strong factor in eradicating public prostitution.

As to the registration of these diseases, I believe that has to come, and come very soon. Dr. Carleton spoke about what is to be done in New York State. If he will allow the correction—it will not be in New

York State, but in New York City only. The authorities in New York City have requested that these diseases shall be reported. However, in some cities the reporting of this class of diseases is going on, but it is being fully enforced because all public health workers recognize, as in tuberculosis, there has to be a campaign of education among the public and physicians before we can enforce the registration of these diseases with penalty. But for the time being the fact that they are put upon the list of reportable diseases is going to accomplish something. First of all, we should recognize these as communicable diseases and then it is going to be helpful in many ways. For instance, in California they have a law requiring the reporting of these diseases. In Pasadena, which is a suburb of Los Angeles, the report received from various physicians who practice in the city of Pasadena, by the State Board of Health in Sacramento, showed that in a certain high school there were ten pupils among the boys reported with gonorrhœa by different physicians. The Board of Health interviewed the principal of the school and found the situation was that one boy had become acquainted with a girl in Los Angeles, had brought her to Pasadena and was passing her around for the benefit of his fellows. All of those cases were controlled and further spread eliminated by the reporting of those cases of this disease. Reporting the diseases is helpful along the line of pointing out these scientific facts.

It is not necessary to make the names public at all. In California physicians are not obliged to report to their own local Board of Health. It is satisfactory there if they report to the State Board of Health.

Report of Skin Complications of Gonorrhoea.—By Past Assistant Surgeon W. S. Pugh, U. S. Navy. The literature upon the subject of the skin complications of gonorrhœa is so meagre that I take the liberty to report a few cases which came under my care in the service.

I have seen so many cases of this kind that I wonder that more has not been written on the subject. The idea of gonorrhœal skin complications appears to have originated with the French and we find it first appearing in the literature in the real attempt to describe it by M. Ladouzy, of the Paris Charity Hospital, in 1881, although suggestions relating to this had already been made ten years before by Seall, Villier, and Pediux. Pediux, in a memorable address before the Societe des Hospiteaux Medical in 1872, stated, "Gonorrhœa is able to cause many and varied manifestations as ophthalmitis, rheumatism, skin eruptions, etc."

The symptoms produced in these cases give every evidence to show that there must always be a certain amount of bacteremia in these cases. This is certainly strikingly exemplified in the skin cases resembling a scarlet rash with typhoid symptoms and these cases are not rare, or, at least, so rare as most of us are inclined to think. The skin lesions of gonorrhœa can be divided into three groups: "A," diffuse scarlatinaform or rubeliform; "B," erythema multiforme; "C," purpura. There are, perhaps, others, but the above, I believe, cover those most commonly seen.

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EDITORIAL

PRESIDENT W. B. HINSDALE.

Ann Arbor, Michigan, September 26, 1912.

Dr. J. Richey Horner, Editor,
Journal of the American Institute of Homœopathy, Cleveland, Ohio.

My Dear Mr. Editor: As I understand it, a part of the routine functions of the incumbent of the office to which I have been elected by the Institute is to appoint chairmen of bureaus and to fill vacancies in standing committees. By this mail I am transmitting the names of the persons whom I have selected for such appointments. In selecting chairmen, I have endeavored to secure the promise of each to be present and to preside over his bureau at the next meeting. I deem this of first importance, and second in importance is to have those present who are to prepare the various papers and reports.

Every meeting is a good meeting that presents a schedule as announced; no meeting is a good meeting that suffers from disappointments in the personal appearance of those who are supposed to enact the programme.

In making appointments I have appreciated that some individuals have particular aptitude for particular subjects and are so well prepared in them that they are regarded as authorities. On the other hand, many of our best writers, and particularly is it so

with specialists, have recently been chairmen. This, I suppose, would make them better prepared for another time; however, I have endeavored to encourage those who have not had such privilege to enter upon wider responsibilities.

I think you will observe I have also had consideration for the geographical distribution of chairmen for the scientific bureaux.

In case you see fit to publish this letter of transmission, I wish to emphasize again the point that those who accept positions upon the scientific programme should be present at the time and place of appointment. Their acceptance of invitations from various chairmen should carry with it the realization that they are assuming responsibility, which, if not fulfilled, will disappoint and discourage many who wish to see and hear them when their names are called.

I have in mind what may, perhaps, be an innovation. As I understand it, the President's advisory or preliminary address of recommendation is usually one of the formal exercises of the first day of the Institute's annual session. Not until that time have the members any idea as to what recommendations or official advice the presiding officer may have in mind. In my judgment, if there be any recommendation of importance or serious counsel to be given by anyone, those who attend are entitled to know what it is to be so that they may be prepared to dispose of it considerately, should they approve or disapprove. If matters take their normal tenor, I hope to publish in the JOURNAL a number or two in advance of the next meeting, such "preliminary address" as I may prepare, to the end that the matters of business character be expedited. I shall recommend the same action to the Board of Trustees.

Were I asked at this time what will be the distinctive feature of the year's work, my reply would be: A constant effort to have an instructive programme with all those present and prepared who are announced to take part, and a dispatch of business that will follow, so far as it can be arranged, a previously announced outline. With such assurance and method of business, the sixty-ninth annual meeting of the Institute, after it has passed into history, will be declared to have been both good and profitable.

W. B. HINSDALE.

THE HOMŒOPATHIC PRINCIPLE.

In "Vital Questions" or "How Foods Are Robbed of Their Most Valuable Parts," by Alfred W. McCann, reviewed in our column of Book Reviews, is discussed the prevalence of beriberi in the Philippine Islands. Two years ago a thorough investigation of the disease was made and evidence was produced to show that it is caused by a diet of polished rice,—denatured, demineralized rice. This is the rice which is consumed exclusively in the United States, and in preparing it the outer layer of the grain is removed by passing it between wire bristles and

grinding stones. This layer contains the phosphorized fats, phosphorized albumens and other mineral constituents and ferments of the grain.

The outbreak of beri-beri prevalent at that time in the Culion Leper Colony resisted all medical treatment. About this time some experiments were being made on chickens, some of which were fed on this polished or denatured rice, and some on the natural grain containing its mineral elements. The birds fed on polished rice died, the others thrived. The significance of this was grasped and polished rice was at once withdrawn from the diet of the lepers and the natural brown grain substituted in its stead.

The fact most interesting to the homœopathic school is that the sick in the hospital were treated with the ripe polishings, that is, the parts which are removed in making the rice white, and which represent the phosphorus compounds and other mineral salts, ferments and nitrogenous products of the grains. *The spread of the disease was promptly arrested and complete cures followed.* After this fact had been demonstrated it was again confirmed by feeding the polished and unpolished rice to two groups of railway workers in the Straits Settlements. A group partaking of the denatured rice contracted beri-beri in approximately sixty days, and when their diet was changed to the natural grain they very promptly recovered. A group which partook of the natural grain from the first did not develop the disease. Later this second group were fed on denatured rice and after about two months developed beri-beri just as the members of the first group had done. The practical result of this investigation was the forbidding of the use of polished rice in all Government workshops, prisons, hospitals and other public institutions.

It is our belief that the important duty which confronts the homœopathic physician of the day is the demonstration of the use of the principle underlying the law of homœopathy wherever it may be found. There can be question but that this principle lies at the foundation of what may be called the newer treatments of disease. While serum therapy is not homœopathy pure and simple, what we have called the principle of homœopathy certainly can be shown to be a part of the foundation upon which it is based. It has, in fact, been so acknowledged by many who use the serum treatment. Wright himself, whose name will ever be remembered in connection with opsonic work, acknowledged the homœopathicity of his deductions. From various sources have come such acknowledgments, and it is "up" to the homœopathic physician to keep these facts in sight and impress upon those with whom he comes in contact the fact that the successful newer treatments of disease are those in which can be traced the principle of the law of the similars. What we have quoted from this little book on Food, and it has been almost verbatim, will be enough evidence that the patients in the hospital recovered because they were being treated along the line of the law of the similars.

ADVERTISE HOMŒOPATHY.

During the past year the Institute, through the office of the Secretary, has published in papers throughout the United States a number of facts concerning the Institute and its aims, together with information concerning homœopathy. There is no reason why members of the Institute should not, as individuals, take up this work and see to it that homœopathic interests are placed before the laity wherever homœopathy is practiced. As a part of this publicity work, Field Secretary Arndt wrote two leaflets, which he called—the one "What Homœopathy Is" and the other "What Homœopathy Is Not." These were published in full in the Journal and advertised as being on sale at the office of the Field Secretary.

We were very much interested in receiving from one of our "customers" the following note accompanying check for payment for 1,000 of these leaflets:

"The leaflets are fine. I enclose one in every letter I write, whether in Texas or not. If every Homœopath would do this, what a wonderful work would be accomplished in one year. We must advertise Homœopathy."

The writer is Dr. G. F. Thornhill, Paris, Tex. What Dr. Thornhill is doing every homœopathic physician should do. The leaflets are very inexpensive, costing 50 cents per 100 or $3.50 per 1,000, postage prepaid.

It might be well also for the editors of our journals to take them up and publish them, although we wish to caution editors not to make the error which the Critique has fallen into, namely, overlooking the fact that the leaflets are copyrighted by the American Institute of Homœopathy and were written by H. R. A., which same initials mean Hugo R. Arndt. Unwittingly the Critique has given the credit for the writing of these leaflets to Dr. Thornhill, an error which, of course, Dr. Thornhill will be the first one to correct.

Again we emphasize the need for this kind of work and urge our readers to supply themselves with the leaflets and place them where they will do the most good. The Secretary of the Institute will be glad to send sample copies upon a postal card request.

THE INTERNATIONAL HOMŒOPATHIC COUNCIL.

Dear Doctor Horner:—Agreeably to your request I will give you a brief account of the meeting of the International Council at Zurich this summer. I had not thought of making the trip this year, but upon inquiry found that no American delegates were going and so, upon short notice, packed my grip and took to the sea.

The gathering was, indeed, one to be remembered, and the interest was deep and thrilling. There were delegates from

various countries, including France, Italy, Germany, Switzerland, Belgium, Sweden and the United States. You may remember that this International Council was suggested by President Burford at the last International Congress in London and to Dr. Burford is largely due the credit of organizing the movement. There was a free interchange of views among the delegates as to how best to carry on the work of World Homœopathy in the several countries, and much enthusiasm prevailed. A plan of organization was adopted by which the future operations of the Council will be carried on. Delegates were appointed to the various countries in something like this proportion: To America, seven delegates; Germany, four; England, four; France, three; Switzerland, two; Belgium, two; Spain, two; Italy, two; and one each to Russia, South Africa, Sweden, Australia, Chili, Mexico, India, Egypt, Denmark, Holland, New Zealand, Canada and Columbia.

Addresses were made by Doctors Mende, of Zurich; Burford, of London; Krans-Busch, of Weisbaden; Van den Bergh, of Ghent; Grouleff, of Sweden; Gallavardem, of Lyons; Sirsch, of Vienna; Hawkes, of Liverpool; Weiss, of Wurtemburg; Arnulphy, of Paris; Cattori, of Lucarno; D'Espiney, of Lyons; Kirn, of Pforzheim; Haehl, of Stuttgart, and Erbe, of Berlin.

As the only delegate from the great Republic the undersigned was called upon to detail something of the progress of homœopathy in the United States. The delegates exchanged views as to the causes underlying the slow progress of homœopathy in most European states and many signs of a better order of things were forthcoming. The support of this great movement was a matter of deep concern. It was finally decided that every homœopathic organization would be asked to contribute a minimum of five pounds, or twenty-five dollars, which was to be forwarded to the treasurer, Dr. E. Petrie Hoyle, No. 84 Holland Park, W., London.

In the interest of World Homœopathy an appeal is to be made which I know would meet with willing response had an opportunity offered to see and know the earnest enthusiasm which prevailed at this Zurich conference.

There will probably be an official account of the meeting published in several of our journals and should be in all.

Fraternally yours,

J. H. McClelland.

THE PERMANENT ENDOWMENT FUND.

Although a number of editorials and news items on this subject have appeared in the Journal during the past six months and the subject has been discussed before the Board of Trustees and the Institute, with subsequent publication of these discussions, there are, nevertheless, many members who are uninformed

or profess ignorance as to the "whys" and "wherefores" of the establishment of the Permanent Endowment Fund of the American Institute of Homœopathy.

It is fair to assume, therefore, that further discussion of this subject will not be amiss, considering its vital importance to the progress and welfare of the Institute.

Previous to the Pasadena meeting of the American Institute, the finances, while depleted temporarily owing to the JOURNAL enterprise, were usually ample for the ordinary needs of the organization. When the plan to do active propagandistic work by means of a Field Secretary was adopted, the necessary funds for this project were temporarily secured through camp-meeting methods and voluntary contributions from the *attending* members of the Institute.

The main body of the Institute was not forced to contribute and no definite, persistent efforts were made to continue these contributions. When the Institute, at the Narragansett Pier meeting, set its approval upon the work of the Field Secretary, similar methods were again invoked among the *attending* members and the greater part of the sum required for propagandistic work was once more, after persistent effort, secured.

The Institute also committed itself to the publication of a homœopathic primer or text book for proselyting purposes among the non-homœopathic members of the medical profession and appointed a committee to write and publish this book.

If this book is to serve the purposes of its inception it must be sent broadcast among non-homœopathic physicians or be offered at a very low price through some publishing house in order to give the publicity which its object calls for.

Where are the funds for this new project to come from?

Propagandism of any kind requires capital and as the dues from the members are insufficient for the projects to which the Institute stands committed, the writer, at a regular trustees' meeting, suggested the establishment of a "Permanent Endowment Fund" so that the Institute would, in the near future, be unhampered by the lack of funds in the various fields of effort which have been entered to strengthen the cause of Homœopathy.

The project was unanimously approved of by the Trustees and a committee was appointed by former President Carmichael to carry out the plan.

At the subsequent Pittsburgh meeting of the Institute, the

plan was again endorsed. The fund is under control of the Institute through its Board of Trustees and remains in the care of the bonded Treasurer, Dr. T. Franklin Smith, as a separate investment fund, the *interest* of which may be appropriated by the Institute for its needs.

The work done by your Committee thus far consists in communicating with each member of the Committee appointed by President Carmichael and inviting active coöperation. These letters were followed by requests to the *state chairmen* to represent this committee at all state and local societies and plead the cause of the "Endowment Fund." Suggestions were asked for and a synopsis of these was published in the July JOURNAL, page 80, with a list of subscribers to the fund received at that time. The following communications have been received:

Knoxville, Tenn.

My Dear Doctor Dieffenbach:

I am in receipt of your recent letter, and will take the matter up with the men in Tennessee. As you may know we have no state society, and it is hard to get the co-operation of the physicians outside of Knoxville. However, I will take the matter up with Dr. Wilson, and we will do what we can.

Very sincerely yours,

W. A. BOIES.

August 24, 1912.

Providence, R. I., Sept. 4, 1912.

Dear Dr. Dieffenbach:

Your letter came during my absence on vacation. In the mail is a modest cheque to Dr. Smith for the "Permanent Endowment Fund." As chairman I shall be glad to speak for the cause in our meetings, but may not be able to make a vigorous campaign. First, our energies ought to be, as well as have to be, spent in booming the Homœopathic Hospital of Rhode Island. It has made commendable progress, but needs all the work we can put into it for the next few years. This should indirectly help the national cause, however, even if temporarily it may detract. I trust you will succeed abundantly, and shall rejoice in a large accumulation for a good cause.

Fraternally yours,

H. A. WHITMARSH.

Wilmington, Del., Aug. 22, 1912.

My Dear Doctor:

Yours in reference to Permanent Endowment Fund at hand. Our State Society meets in November next, and I will take the matter up with members, and get what I can for the "Fund."

Fraternally,

LEWIS W. FLINN.

St. Louis, Mo., Aug. 20, 1912.

Dr. W. H. Dieffenbach,
Broadway and 56th St., New York.

Dear Dr. Dieffenbach:

Yours concerning "Permanent Endowment Fund" is received. I shall communicate immediately with the other Missouri members of committee, and arrange with them some plan of action. We have in Missouri but 88 members of the American Institute, 38 of whom are in Kansas City and 19 in St. Louis, leaving only 31 in the rest of the state.

I would like it if you will forward to me, say, 80 explanatory circulars telling of the movement, its uses and necessity. I presume you have or will issue such. It will aid very much in a direct appeal and save much work on part of the State Committees.

I sent Dr. Smith a small subscription at the last meeting at Pittsburgh.

Last year at Narragansett there were but three members from Missouri, of which number I was one. They are not a very enthusiastic crowd, taken as a whole, in this state, as you probably know. We shall do the best we can with them.

I shall be glad to have any suggestions from you you may think of service or use to us.

Fraternally yours,

JAMES A. CAMPBELL.

Des Moines, Ia., Aug. 19, 1912.

On the first of June, 1913, and every year thereafter, so long as I live, I promise to pay the treasurer of the American Institute of Homœopathy twenty-five dollars ($25.00), the same to be used by the said A. I. H. as its Board of Directors may deem best.

GEORGE ROYAL.

Des Moines, Ia., Aug. 19, 1912.

My Dear Dieffenbach:

I received your letter this morning. I cannot do for the Permanent Endowment Fund what I would like to do at this time. I have certain obligations to my family which I cannot overlook. I have also done something for the A. I. H., both in time and money. Yet I want to help. Especially do I wish to get the work started. For that reason I am going to promise the income of $500.00 at the rate of 5 per cent. This is $25.00. I will pay the first of June each year so long as I live. This I feel that I can do with perfect justice to those dependent upon me. I feel sure that there are others who could do the same, and I would like to know if you as chairman would advise getting such pledges. It is understood, of course, that we secure an out and out gift if possible.

I enclose my pledge. You may put it in the JOURNAL as a pledge, as an annuity during life, or you need not mention my name at all, just as you prefer, and think will do you and the cause the most good. You must remember that I am working with Dewey and the other three members of the Council to secure $2.00 per year for five years from every homœopathic physician of the country to carry on the propagandistic work. That will interfere some with my work in this movement, but I hope to

have Iowa canvassed for the one before the state meeting, and then take up this at that time and place.

Hoping you may be eminently successful in your work, I am,

Very cordially yours,

GEORGE ROYAL.

Chicago, Sept. 22, 1912.

Dr. Wm. H. Dieffenbach,
New York City.

My Dear Doctor:

I am in receipt of your favor of August 6th, also that of August 16th. Both letters have been a little slow in reaching me owing to the fact that they were addressed simply to Chicago, Illinois.

I am interested in the Endowment Fund. I propose to do everything I can to help push it along, and will undertake to raise as much enthusiasm here in Illinois as it is possible for me to do.

Please accept my personal subscription for $100.00 with the regret that I do not feel in a position to make it more at this time.

I have no subscription blanks and none of the literature with reference to the work. If you will send me some I will take pains to distribute it at the time of our fall meetings, and to discuss the matter before as many of these same meetings as it is possible for me to attend.

Yours very sincerely,

JOS. P. COBB.

Dear Doctor Dieffenbach:

I have received your letter informing me of my appointment as a member of the Committee on the Permanent Endowment Fund of the American Institute of Homœopathy, and asking for suggestions.

Among the suggestions already received I note one concerning which I feel that I am competent to speak. The suggestion is that the member take out an insurance policy and have the principal revert to the Institute. I am confident that the wise use of this method will enable many who now think themselves unable to help, to give considerable money to the fund.

For some little time I have made quite a study of insurance. It has been reduced to an almost exact science now, and anyone who takes out a policy in a reliable company is as sure of his returns as though he bought a government bond.

Let us consider a few concrete illustrations:

As an example: A certain loyal member of the Institute wishes to give $50.00 a year to the fund so long as he shall live. Surely there are many who could easily afford this sum each year. We will suppose that this man is 35 years of age and in good health. He will then have an expectation of life of 32 years. If he should live his expected number of years and continue to give his $50.00, a year until his death, the Institute would receive from him $1,600.00. In order to give $2,000 by this method he would have to live to be 85 and continue to make his payments during his old age.

On the other hand, if this man or woman be a good insurable risk, let him take out a policy for $2,000 in a reliable insurance company, making

the American Institute of Homœopathy, Inc., his beneficiary. For the ordinary life policy he would then pay $52.70 a year. All good companies now pay annual dividends, and if these be left with the company to accumulate, the policy will become paid up in about 24 years. Thus at the age of 59 the holder would cease his payments after investing a total of $1,264.80 in small installments. The Institute would certainly receive the $2,000 whether his death took place after he had completed his payments or whether he should die after a single payment of $52.70.

In a similar way a young practitioner of 25 who as yet is unable to spare much money at a single payment, but is anxious to show his loyalty to the Institute, could give $1,000 to the fund by paying $10.27 semi-annually for 24 years.

If the physician be older and better established, he may wish to pay larger installments but fewer of them. Thus a man of 45 who wishes to donate $2,000 to the fund might consider one of the limited payment policies. He could take a 10 payment life policy with an annual premium of $143.62. By withdrawing his dividends each year these premiums could be reduced by increasing amounts, the second one, for instance, being only $134.20, so that the aggregate sum would be only a trifle over $1,300.

Should the donor be able to afford it, and should he desire to have the Institute receive the money before he died, he could take out an endowment policy, in which case the money would be certainly payable at the end of a specified number of years.

Thus it may be seen that there are many opportunities offered by a life insurance policy that may be obtained in no other way. I am unable within the limits of this letter to more than outline a few of them. But if loyal members will consult a good agent who will take the pains to study the possibilities, I am sure that many who now feel that they are unable to help the cause along, will find that they can do so at no very great cost to themselves.

Yours very cordially,

ALFRED DRURY.

135 Broadway, New York City.

In the JOURNAL for November will be published formulæ for bequests, codicils and transfer of endowment policies to the Permanent Endowment Fund of the Institute. Subscription blanks can be secured from the Secretary of the Institute or from the Chairman of the Committee appointed by the Trustees.

W. H. DIEFFENBACH, *Chairman.*

S. E. Cor. Broadway and 56th St., New York City.

American Institute of Homœopathy

Next Meeting, Denver, Colo., June, 1913.

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GENERAL NEWS NOTES

COLORADO.

In the *Critique* for September appears a full-page announcement of the 1913 meeting of the Institute in Denver, made attractive and prominent by a photo-engraving of Hahnemann. Editor Mastin is succeeding in keeping before the profession the fact of the meeting, and we are hoping that he may have an active part in arranging for it.

The president of the Colorado Homœopathic Society mentions the coming meeting of the Institute as a reason why the State Society is to make this year's meeting a banner gathering.

ILLINOIS.

There is a splendid opening for a homœopathic physician at Galesburg, there being a vacancy there due to the death of Dr. Holloway. His office library and other fixtures pertaining to his business are for sale. He had a very large and lucrative practice and numbered among his patrons the best families of the city and surrounding country. Communication should be had with his son, H. B. Holloway, 350 Callendar Ave., Peoria, Ill.

The Commission on Medical Education appointed by President Patton, of the Chicago Medical Society, after nearly a year devoted to organization and study of methods has finally begun its work of investigation of Chicago medical colleges. The homœopathic members of the Commission are: Drs. Fitz-Patrick, Hullhorst, Stafford, T. Mitchell, L. A. L. Day, Wilson, Reininger, Croy, and Clifford Mitchell, the latter being secretary. The colleges are to be studied by sub-committees of specialists, each sub-committee containing five or six members. The investigation will proceed while the colleges are in session, and the sub-committees will report their findings to the entire Commission, which, in turn, will consider them. Dr. A. M. Corwin is chairman of the Commission.

KENTUCKY.

Dr. Lee Norman, Louisville, Ky., is the efficient secretary of the Southern Homœopathic Medical Association, and is doing her level best to stimulate the members—and many who are not members—to attendance upon the meeting, which occurs October 15-16-17 at Richmond, Va. The president of the Association is Dr. F. A. Reed, Eustis, Fla.

NEW YORK.

The New York Homœopathic Medical Society will hold its semi-annual meeting at the Lafayette Hotel, Buffalo, October 8-9. Dr. William H. Marcy, of that city, is in charge of the local arrangements and plans to make the session a notable one—not only from a scientific, but from a social standpoint. A special committee on the entertainment of women attending the convention is under the chairmanship of Mrs. Joseph T. Cook and has provided a splendid program of entertainment. There will be a banquet in the Lafayette Hotel on the evening of the first day and the entire second day will be spent at the Buffalo Homœopathic Hospital, which is to keep open house for that occasion. It will pay to attend the meeting.

Dr. Roy Upham, Brooklyn, is spending a vacation on a trip to Panama in company with a goodly crowd.

Dr. Charles Deady announces his removal to the Seminole, Broadway and 69th St., New York City.

Dr. Frederick M. Dearborn sailed for Panama September 7th for a month's visit. During his absence Dr. Irving P. Withington is in charge of his office.

Dr. E. E. Keeler has removed from 209 Borden Ave. to No. 12 The Crouse, New York City.

Dr. Herbert W. Hoyt announces the removal of his office to 174 East Ave., Rochester.

Dr. Louis Rene Kaufman announces his removal to 156 W. 80th St., New York City.

Dr. Willard I. Pierce has returned to his New York home from Highland. He is located at 64 W. 126th St.

OHIO.

Dean George H. Quay reports the merging of the Detroit Homœopathic Medical College with the Cleveland-Pulte College. Negotiations were concluded about the 1st of September and the removal will be made to Cleveland preparatory to opening the college term October 1st.

The entire laboratory equipment of the Detroit College is to be brought to Cleveland, and this means that—supplementing the already thorough equipment of the Cleveland-Pulte College—the equipment for bacteriological, pathological and physiological work will be second to none of our colleges. It has been arranged to include a number of the members of the Detroit faculty as professors in the Cleveland College, and they have engaged to lecture or hold clinics through the term. They are reported to be very enthusiastic over the prospects of the new institution. It is well known of course that scattered throughout Michigan are a large number of graduates of the Cleveland College, and these will have an increased incentive to redouble their exertions for the school.

The Cleveland faculty are making extensive changes in the college building, several thousand dollars having been already spent. Prospects for students this fall—in addition to those who are transferred from the Detroit College—are brighter than for many years. Several students from foreign countries are expected to be in attendance and there is a promise of additions to the upper classes from students now in colleges of the old school. The alumni of the institution, who now number well on to 3,000, are taking a special interest in their alma mater, and Dean Quay has received a number of letters of congratulations from them on the work now being done. Recognized as the Medical Department of Baldwin University, it has taken its place among the strong educational institutions of the country.

Women physicians of both the old and new schools of Cleveland have federated to establish a women's hospital, a need for which they long have felt. An organization has been incorporated in Columbus, and the following organization committee appointed: Dr. Martha Canfield, chairman; Dr. Josephine Danforth, secretary; Dr. Lillian Towslee, Dr. Eliza J. Merrick, Dr. Cora Sechrist and Dr. Minabel Snow.

The foundation for the work is in the Women's and Children's Free Dispensary, of Cleveland, which is one of the oldest organizations of that city, and is caring for thousands of patients annually. There is no question but that there is a need for such an institution in Cleveland, and those interesting themselves actively in the project will undoubtedly meet with success in their efforts to establish it.

PENNSYLVANIA.

REPORTED BY RALPH BERNSTEIN, M. D., PHILADELPHIA, PA.

The Homœopathic Medical Society of Chester, Delaware and Montgomery counties held its annual meeting in West Chester in October, and the physicians gave the members a good time. A banquet was a

feature of the occasion, and an automobile ride was given them to all interesting places in that vicinity.

The Lehigh Valley Homœopathic Medical Society held its quarterly meeting at the Eagle Hotel, at Bethlehem, September 5th, 1912. The president, Doctor Walter A. Seibert, of Easton, was in the chair. Doctor Ralph Bernstein, of Philadelphia, was the guest of the society and gave a Stereoscopic Skin Clinic, being a Lantern Demonstration of the More Common Skin Diseases—Their Recognition and Treatment. The meeting was well attended and a hearty discussion entered into.

C. S. SWARTZ, M. D., *Sec'y.*

The North Penn Homœopathic Medical Society held its regular monthly meeting at the residence of Doctor S. C. Moyer, Lansdale, Pa., on August 22d, 1912. The scientific program of the meeting consisted of the following: "The Homœopathic Idea," Dr. Wm. G. Moyer, Quakertown, Pa.; discussion, "Tuberculosis," Dr. D. M. Landis, Perkasie, Pa. The meeting was an interesting one and was well attended.

H. O. WILLIAMS, M. D., *Sec'y.*

The Women's Homœopathic Medical Society, of Pittsburgh, Pa., held its regular monthly meeting at the home of Doctor Clara H. Williams, Rosedale Place, Verona Road, on Thursday, Sept. 12th, 1912, at 5 P. M. The annual corn roast was a special feature of the occasion and was enjoyed by all present.

MARY E. COFFIN, M. D., *Sec'y.*

The Homœopathic Medical Society of the 23d Ward of Philadelphia held its regular monthly meeting at the Hotel Phœnix, Willow Grove, Wednesday, August 8th, 1912. A very interesting paper on "Infection in Contagious Diseases" was read by Doctor Frank Watson. There was a full attendance of members and the meeting was enjoyed by all present.

J. D. BOILEAU, M. D., *Sec'y.*

The Oxford Medical Club held its regular monthly meeting at Mayer's, 1620 North Broad street, on September 6th, 1912, at 9 P. M. A very interesting paper on "Midwifery" was read. The meeting proved a very enjoyable one and was well attended.

C. W. SIMMONS, M. D., *Sec'y.*

PERSONALS.

Doctor W. Alvah Stewart, of Pittsburgh, Pa., was appointed on the Pennsylvania State Board for Medical Education and Licensure in place of Doctor C. P. Seip, of Pittsburgh, Pa., deceased. Doctor D. P. Maddux, of Chester, Pa., was, as well, appointed to the board by the Governor.

Doctor J. M. Kenwirthy announces the removal of his office to 1825 Chestnut Street, Philadelphia.

Doctor Muhly announces the removal of his office to 1508 South Broad Street, Philadelphia.

The managers of the Children's Homœopathic Hospital, Philadelphia, have inaugurated a weekly talk on "Baby Saving," the first of which more than a hundred mothers attended. Dr. Wm. B. Griggs assumed the role of lecturer and gave instruction as to hygiene, clothing and proper methods of treatment for minor ills.

Dr. Edwin Lightner Nesbit spent the summer at Eagles Mere, Pa., as house physician at the Lakeside Hotel.

The Rittersville State Hospital for the Insane was the mecca for a number of the members and guests of the Pennsylvania State Homœopathic Medical Society following the meeting at Delaware Water Gap.

Dr. Norman S. Betts has removed from 1800 Chestnut St. to 1609 Girard Ave., Philadelphia.

Dr. Edwin R. Gramm has removed from 1833 Chestnut St., to Perry Building, Philadelphia.

WASHINGTON.

The Washington State Homœopathic Medical Society held a two-day meeting at Tacoma, August 30-31. President Goldsmith, of that city, presided and delivered a stirring address on the necessity for organization in order to maintain intact and unimpaired the effectiveness of the homœopathic school. He spoke of the change in the attitude of the old school, in that they are more inclined to be generous and just than they were twenty-five years ago. He proposed the organization of a society which should cover the entire territory west of the Rockies, extended from Washington to California, under the name of the Pacific Coast Homœopathic Medical Society.

The attendance at the meeting was very large, the papers presented covered all the field of medicine and surgery, and the discussions were unusually lively and instructive. The evening of the first day the local physicians entertained the guests at a banquet.

A resolution was adopted providing for the raising of $5,000 as the share of the State in the fund being collected by the Institute for its endowment fund. Seattle was named as the place of meeting for 1913. The following officers were elected for the ensuing year: President, Dr. George H. Dow, Chehalis; first vice-president, Dr. C. P. Bryant, Seattle; second vice-president, Dr. E. F. Larkin, Bellingham; secretary, Dr. George W. Beeler, Seattle; treasurer, Dr. T. J. Appleton, Seattle.

Among the visitors from outside the State were Drs. Gilbert Fitz-Patrick, Chicago; Guy Manning, San Francisco, and Byron E. Miller and Arthur L. Canfield, Portland, Ore.

OBITUARIES

JOHN BLACK McCLELLAND, M. D.

OBIT. AUGUST 4, 1912

Dr. McClelland was born in Pittsburgh, June 4, 1843. His grandfather, John Black, D. D., was a man of erudition and piety, and Dr. McClelland was always proud of the name he bore. Dr. Black was a professor in the Western University of Pennsylvania, of which the present University of Pittsburgh is the offspring.

The great Civil War breaking out during his early manhood gave an opportunity to test the patriotism which was always a characteristic, so in 1862 he enlisted in Hampton's Battery of Light Artillery, and was present in every battle in which his battery was engaged until he was discharged at the close of the war. His companions in arms bear testimony that he was a brave and good soldier and one who never shirked his duty.

After engaging for some years in mercantile life he concluded to enter the medical profession, and in 1879 he graduated from Hahnemann Medical College, of Philadelphia, since which time he has been an honor to his profession and a credit to his Alma Mater.

A bright and shining star in the galaxy of homœopathic physicians was extinguished when Dr. John B. McClelland answered the call of the Great Physician to come up to a higher field of usefulness.

A splendid physician, an excellent counsellor, a man of large parts and a true friend was taken away when our dearly loved and much respected friend went over the silent river to join the great majority on the other side; were it not for the blessed hope of a joyful reunion we should be inconsolable.

Rich beyond expression in all that makes real success, as success must be viewed by the powers beyond, he leaves behind a host of friends to mourn his departure.

Endowed with splendid qualities of uprightness, integrity and manhood, one admired him; his nobleness of character and life compelled us to love him.

Behind a gruff exterior he hid one of the kindest and gentlest natures that ever beautified a human being. Those loved him most who knew him best.

Sic transit gloria munde. C. C. RINEHART, M. D.

DR. JOHN B. McCLELLAND.

LINES BY DR. C. C. RINEHART, PITTSBURGH, PA.

Adieu to thee, dear friend, a fond adieu,
'Tis not farewell, we soon shall meet again
After life's fitful fever, and renew
Our friendship, for the present rent in twain.

There is no death, this mortal house of clay
Which circumscribed you here is now bereft.
The immortal soul, released, has flown away,
The mortal prison house alone is left.

But surely now yours is the better part.
You're free from cares that harass and distress,
While we remain to mourn and feel the dart
With none who bless us, none whom we can bless.

The house you lived in here shall crumble and decay,
Shall lose its form, decay the mortal frame,
And earth shall swallow up the house of clay,
The soul has risen another, yet the same.

'Tis ours to mourn, 'tis ours to bear the cross
Which you have left, and laid your burdens down,
Ours is the sorrow, ours the sense of loss,
Yours the rejoicing, you've received the crown.

Friendship, mysterious cement of the soul
Had bound us here with ties though not of blood;
The ties were strong and looked toward the goal,
Our glorious future in the love of God.

"Sweet are the uses of adversity,"
We'll understand them better when we meet,
When I, at last, have reached that other city
And laid my burden down at Jesus' feet.

Time was, when by each other's love possessed,
We wantoned with the swiftly passing hours.
We felt how very greatly we were blessed
With heaven born friendship such as that of ours.

But now adieu, dear John, a fond adieu,
'Twill not be long until we meet again.
After the fitful fever we'll renew
Our friendship, with no pangs of grief or pain.

CHRISTIAN P. SEIP, M. D.

Seip has passed. I saw him yesterday, but today his unresponsive shape is dumb even to the crashing thunder. No vibration quickens his sense of intel'igence, for the avenues they tread are closed, never to open again.

In an instant, a mechanism possessed of subtleness fell into a helpless heap. The I, masterful and assertive, ceased to exist, and the house in which it lived crumbled into senseless mold.

I hear his voice, the record of his speech reproduces itself at my will, but the tongue that uttered will not speak again. What he said and what he did are an immortality whose measure is my appreciation of qualities worthy of emulation. What more is needed?

His expectations were not large. He rather had an indifference that made the most of this and now. He had a quality of self-reliance that, to a degree, held at bay pretentious familiarity, and yet beneath the brusque was a nature that gentleness itself might envy.

He lived his life. The age at which he laid it down shows that he maintained at least a reasonable amount of harmony with its requirements.

In temperament he was genial, nor had he the fine art of sycophancy; fawning flattery for purpose was no part of his composition.

In his profession his work must speak for him. Pecuniary returns are not always an index of efficiency, but to have the respect of a large following indicates both efficiency and magnetism.

Men are fortunate when Nature assigns them a part in the composite whole where the engagement is not a "Comedy of Errors." To be so gifted that there is a medium realization of Nature's favors, neither soaring in the heights of fickle genius nor sinking low in the degradation of the irresponsible, is to have what a well-balanced mind craves.

A man who can bare his bosom to the thrusts of a nation's foes, then take up the healing art in all its subtleness, may be accredited with a spirit strictly in accord with an eternal fitness of things that make for good citizenship. If in addition he discharge the trust of public offices so that they are offered him time and again, we may lay a laurel on his memory and have the approval of a conscience actuated by appreciation.

Seip was a man after my own heart. He had a wealth of geniality that was contagious, and it will be my lasting pleasure to remember him as considerate at a time when kind acts had ramifications that he never dreamed of. I am persuaded that many could say the same of him, and when amidst the flowers, fragrant with love, he sank into his last resting place, to the notes of a distant bugle that sounded a requiem of farewell, a place was left vacant that no one can fill.

Z. T. Miller.

Pittsburgh, Pa., Sept. 20, 1912.

From the *Critique* we learn of the death of Dr. J. C. Holloway, Galesburg, Ill. He was a patient in the Homœopathic Hospital at Chicago, and his illness was not considered alarming until on the evening of August 24th he was attacked with pulmonary congestion and very shortly after passed away.

Dr. Holloway was a graduate of the Homœopathic Medical College of Missouri at St. Louis, class of 1886. He was what might be called an intense homœopath, in the fact that he not only practiced strict Homœopathy, but endeavored to educate by his writings, and inspire in those who might read them, a desire to not only practice, but spread the homœopathic truth. He was a regular correspondent of the *Critique*, and Editor Mastin, in the September number, pays him a fitting tribute.

Isabella M. Pettet, M. D., a graduate of the New York Homœopathic Medical College and Hospital for Women, class of 1881, died September 9th at the Presbyterian Hospital, New York City, after a lingering illness. She had been a member of the Institute since 1897.

George H. Vaupell, M. D., Rush Medical College, 1896; Chicago Homœopathic Medical College, 1897; died suddenly at Antioch, Ill., August 19, from cerebral hæmorrhage, aged 53.

John Keck, M. D., Homœopathic Medical College of Missouri, St. Louis, 1869; died at his home in Camp Meeker, Cal., recently, aged 71.

Robert Edward Martin, M. D., Chicago Homœopathic Medical College, 1886; a physician and organist of Milwaukee; died at the home of his mother in Milwaukee, August 21, from heart disease, aged 47.

David P. Shattuck, M. D., Hahnemann Medical College, Chicago, 1883; died at his home in Independence, Iowa, August 20, from nephritis, aged 66.

William Harold Vary, M. D., Hahnemann Medical College, Chicago, 1888; College of Physicians and Surgeons, Chicago, 1898; died at his home in Oak Park, Ill., August 29, aged 49.

David John Price, M. D., Hahnemann Medical College, Philadelphia, 1897; vice-president of the Shenandoah (Pa.) Medical Society; died at his home in Shenandoah, August 28, from cerebral hæmorrhage, aged 38.

CORRESPONDENCE

New York, Sept. 21, 1912.

J. Richey Horner, M. D.,
Editor A. I. H. JOURNAL.

Dear Doctor:

I wish to express to the members of the Institute my appreciation of their promptness in answering my appeal sent out on September 2d.

The new and important work of propagandism which the Institute is carrying on is, of course, an added expense and the bills for that and our regular expenses have to be paid each month. The object of the appeal was simply to request the members to pay their dues and subscription to the JOURNAL in advance, which has always been the rule, but has not been enforced.

The response has been very generous and very satisfactory, so much so that every bill has been paid to date, including the note which I gave, and there is a fine balance in the treasury.

While I have received such good response from so many of our members, I desire to say that there are still a number of members who have not paid their dues, and I desire to impress upon them the necessity of their paying promptly, in order that our credit may continue A No. 1.

Again thanking the members for their promptness in coming to my aid, I remain,

Their friend.

THOMAS FRANKLIN SMITH,
Treasurer.

To the Editor:

The printer's ink is scarcely dry on our notification of the latest repetition of unmerited insult and discourteous behavior meted out to the homœopaths by the allopaths, and yet, very strange to say, I have met many apologists for the allopaths. There are some in our ranks who profess to believe, or at least who say, that we are in nowise obstructed or badly used by the allopaths, and further these short-sighted apologists even condemn those of their own (?) school who dare to raise a voice in manly protest against this unwarranted and ungentlemanly behavior, considering we are physicians who are devoting our lives to the health and safety of others.

I have thought that the reason for this apologetic tone and attitude adopted by these poor hermaphrodites is perhaps that they feel they are on speaking terms with some good-souled allopath (so am I!), or they have met at the bedside (always secretly, observe) some allopath who dare not actively proclaim what he believes to be true (so have I!), namely, that there *is good* in Nazareth—meaning Homœopathy, lest he meet the sure fate which awaits him, in England at least if he dare but mention Homœopathy, and that is complete ostracism by all his allopathic colleagues.

This is no "fancy" statement or opium pipe dream, but a serious and disgraceful reality!

It is not the individual allopath whom I or we condemn; we all know right good men who are allopaths, and some have personally said to me that they sincerely wished this sorry state of affairs could be done away with entirely. It is their *scholastic code of ethics* set in letters of burning brimstone (ostracism) on the walls of their authority that these individuals fear, and which we most heartily condemn, both as unprofessional, unscientific and ungentlemanly in the extreme.

It is they who sit in power, the executives, who are to blame.

This latest insult, which should be remembered by all of us, is one that is offered to the family of the late Sir Henry Tyler, Lady and Doctor Margaret Tyler, who are perhaps doing more for Homœopathy, just at present, than any other family in England.

I read with indignation, in the *Homœopathic World* for September, that the *Lancet*, *Practitioner* and *British Medical Journal* have refused to publish the announcement, even at their popular rates, that the Tyler family wished to make known to young allopathic graduates that they were offering (additional) annual scholarships to enable selected candidates, who must be young graduates in medicine, to travel to America and back, and whilst there to take a post-graduate course at an appointed homœopathic college, with practically all expenses paid by the generous donors.

It is of interest to remember that the "Hospital" was broad-minded enough to publish this announcement.

One would think that the *British Medical Journal*, which only recently acknowledged through Dr. Cox, the medical secretary of the British Medical Association, that the current issue of this journal had sixteen pages of proprietary (secret) medicines out of thirty-two pages advertising, *would not have to strain or even relax any code of ethics* to admit such a professional announcement to the profession, as was embodied in the generous "Tyler scholarship" offer, but evidently it was their *blind hatred* of all things homœopathic that instituted this continued "boycott of silence," and the refusal of their pages to this ethical announcement.

The "Select Committee" before whom the *B. M. J.* admitted the *sixteen pages of secret or proprietary remedies advertised*, and therefore in a measure endorsed by them, was appointed by the House of Commons to inquire into the sale of patented medicines, etc.—see Record of Evidence, June 25, 1912.

Further notice will be taken of this "endorsement" and use, by the allopaths, of secret and patented remedies. It should demonstrate *whether we are really the "Quacks"* or if we can be cleared of this stigma, it should demonstrate who really are such. "Quack," we understand, means "one who makes use of 'secret or patented' drugs," of which the homœopaths, it will be proved, are *"not guilty"* as a school!

I personally advocate the "general publicity" of Homœopathy as authorized by the American Institute of Homœopathy during the last few years. For one hundred years and over we have appealed to the *allopathic* Profession, all our works and hospitals are open to them, but all has been "love's labor lost." The American Institute of Homœopathy has now established a "Publicity Bureau," and they report that they succeed in getting about 90% of their announcements accepted by the press in the U. S. A., the tally being checked by the return clippings made by the Press Cutting Associations.

At the last A. I. H. Congress at Pittsburgh, Pa., the Committee on "Publicity" report that "no less than fifty columns of descriptive and illustrated articles were published by the newspapers of Pittsburgh to thoroughly report our Congress. These articles were all well conceived and well written, and showed a good grasp of the work done by our school and its position in the medical world." This was under the publicity chairmanship of Dr. H. S. Nicholson and the feature writer for the press was Gracye Druitt Latus.

In this "newspaper publicity" we have done nothing unique, outrageous

or peculiar. The allopaths do it on every conceivable occasion, as is witnessed by such "flip-flaps" as the recent newspaper advocacy of "Love Marriages," by a fitted allopath, and numerous other newspaper controversies on such subjects as orange, banana, standard bread and fresh air diet, physical exercises, obesity cures and such scientific information as *Bee Stings for Rheumatism*, which advocacy is about as funny a thing as could be conceived of by any comedian.

Fancy orthodox medicine gravely suggesting the application (more or less often) of half a dozen angry bees in an inverted wide-mouthed glass jar on to some juicy portion of one's anatomy as a cure for rheumatism! This is making rash and unscientific use of the "business end of bees" with a vengeance, and yet orthodoxy has calmly considered it and discussed its benefits in the "press." Note two things well. Bee sting is here advocated for rheumatism, but orthodoxy cannot say, or has not said, which particular form of rheumatism it is beneficial for. Probably because they have not asked of themselves, nor of us, what are the various forms or types known to us. Rheumatism to them is just rheumatism.

The second point to note here is that bee poison—Apium virus—has been known to us since 1835 (see Hering's Guiding Symptoms, Vol. I., p. 415), and almost any of our complete works on Materia Medica will point out just the *peculiar modifications of rheumatism* for which this bee poison is valuable, outside of which it is absolutely valueless, no matter how much orthodoxy may "torture" its patients in the above crude and laughable manner! It is to be understood that the homœopaths do not play the game of "touch last" with the business end of angry bees for curative purposes, but we content ourselves with a "properly" prepared and diluted drug made from bee poison.

This "public" appeal then has every recommendation on its side. It is not alone we who would be making use of the public press or printer's ink otherwise used. We should be following the lead of orthodoxy, however much *they might desire us to be silent*, and with reason.

We have something of scientific value to make known, as our statistics will show. We have first offered our information to the profession, to which they have replied by a century of insult, culminating in their refusal to print the notice of the "Tyler scholarships."

Will any of our colleagues suggest that we should still lie down quietly to receive the muddy foot of their contemptible abuse?

Have we no manhood left in us *to show* the resentment we feel?

If we do remain silent and take abuse lying down, then we can have but a poor estimation of the *life saving art* we have to propagate, and *but little estimation of our own dignity, or power, if properly combined!*

I think the attitude the allopaths take proves *them* to be the sectarians and not we. We read, search and digest any and all methods that will aid our patients, for I don't think that we as a school refuse to embrace anything of *proven* value. We do not always rush for the latest fad because they often *prove* to be but passing *fashions*, soon to be relegated to the "found wanting" class. In fact, does not the definition, ordered printed annually in the Transactions of the American Institute of Homœopathy, prove that we are, and are committed to be *broad*.

Here is the definition: *"A Homœopathic Physician is one who adds to his knowledge of medicine a special knowledge of Homœopathic Therapeutics and observes the Law of Similia. All that pertains to the great field of medical learning is his, by tradition, by inheritance, by right."*

The breadth of this definition proves that it is not we who are sectarian. Allopathy *confines itself*, and narrows its scope by ignoring certain specific and valuable knowledge, and *orders* all its members, *on pain of forfeiture of their standing and rights, to continue to ignore these valuable facts*—these life-saving and pain-saving factors. They, then, are the narrow sectarians.

All our knowledge is freely offered them, but they seemingly *dare not*

even test our knowledge, lest by so doing they prove themselves to have been wrong all along! There is truly something in this fear!

Similia is thus condemned by them untried. Their position is plainly wrong; it is weak or cowardly, or both!

One would expect to find *perfection* in such autocratic orthodoxy, whereas they are simply *blind*.

The following is an instance of one of their latest "gropings for therapeutic light." It is but a clumsy movement in a vicious circle, like a kitten chasing its tail, which it can't make use of to digest even if caught.

Please turn to page 532, *British Medical Journal*, August 31, 1912, and read [italics ours]:

Rheumatism and Phthisis.

"Agaricus, who has come across the statement, *often made*, we do not know on what authority—that consumption does not affect the rheumatic, writes that he formerly *on several occasions produced rheumatic conditions of ankles and feet* by a regular daily breakfast of Agaricus Atramentarius, stewed. This fungus *is so much like a mushroom, grilled, fried or stewed*, that he suggests that the mushroom (Agaricus campastris) should be tried in its place. He mentions the case of a gardener who had rheumatic pains in his calf muscles from time to time (*cured by Tincture of Iron*) [?] associated with his habit of eating uncooked mushrooms. The *cramps disappeared entirely when he gave up the habit.* It is suggested that a daily breakfast of mushrooms, or of *Agaricus Atramentarius*, should be tried for a week or two, and the effects noted in cases of phthisis."

A point for homœopaths to notice is that, whilst we have no proving of Ag. Atramentarius, we have provings of three varieties of Agaricus, of which Ag. Muscaris is very well known to us, including its power to cause (in provers) and cure (in patients) certain muscular (rheumatic-like) cramps and pains, especially of the extremities. Somewhat similar pains have been noted in our provings of Ag. Phalloides, but this drug is not so well known. Here homœopaths may notice and record, if they wish, the fact that another Agaricus conforms more or less to what is known of the crampy muscular pains of the lower extremities of Ag. Musc. and Ag. Phall., but of course the *B. M. J.* has never troubled to read about our detailed knowledge of any Agaricus.

The correspondent and the editor of the *B. M. J. have seen nothing* in the fact that *a certain drug "has caused certain well marked symptoms on several occasions," nor* that certain well-defined symptoms *"disappeared entirely"* when the patient stopped eating a particular article, but the vicious circle of a false medical training is about completed when they calmly suggest that because *one drug is like another in appearance* WHEN GRILLED, FRIED OR STEWED, *one should be substituted for the other when prescribing for a totally different disease!!!*

Not to dwell further on the jump from one disease to another, it may be worth our while to consider the fallacy of "substituting" one member of the same drug family for another, a crime no homœopath, who studied his Materia Medica, would dream of doing without definite knowledge, it being a procedure which might lead to all sorts of trouble and even death itself. Preserve all patients from such faulty allopathic reasoning!

We never heard of any homœopathic journal substituting drugs, because they were of the same family, nor comparing its drugs "when grilled, fried or stewed," and we would suggest to the editor of the *B. M. J.* that his columns, or rather his sub-editors, should take a post-graduate course in Homœopathy, in the interests of suffering humanity.

We have completely shown the "vicious circle" composed of allopathic ethics and therapeutics.

They won't accept an announcement (to be paid for at usual rates) offering most generous post-graduate benefactions, nor will they accept advertisements of our best homœopathic works of reference, *presumably because we are not scientific enough for their requirements*, and yet they

calmly suggest substitution of unverified drugs because they look "so much alike when grilled, fried or stewed."

Don't you feel sorry for the "Totally Blind?"

Yours "for strong Homœopathy boldly made known,"

E. Petrie Hoyle, M. D. (U. S. A.).

84 Holland Park, London, W.,
Sept. 5, 1912.

THE FIRST MEETING OF THE INTERNATIONAL HOMŒOPATHIC COUNCIL.

This roof of Europe has seen many historical meetings, and the city of Zürich, whose educational light has lightened the world, has watched the beginnings of great stages of progress in religion and letters. Another laurel has been added to its crown; it has recently seen the unfolding of a new bud in the tree of human interests. The first International Homœopathic Council has met in this peaceful environment. Its business was the union, in free and flexible association, of the main homœopathic activities of the new and the old world.

In time past the homœopathic affairs of different countries have been separate and apart, almost as though they were of different planets. But in last year's London Congress the note of the Internationalism of prime homœopathic interests became dominant. It was voiced in the President's address; it grew in the reports of Homœopathic Status and Progress from different countries; it culminated in the decision on the last day of Congress to appoint an International Homœopathic Council, to foster the idea and to knit together the affairs of a World-Homœopathy. Each year till the next Congress an elected body is to sit in a brief Parliament, to debate the practical politics of the cause, and to carry on suitable action.

Switzerland, as a centre easy of access, was chosen for the first Council Meeting; and this was timed simultaneously with the annual assembly of the Central-Verein of Continental Homœopathic Physicians. We found a considerable attendance of this body in session on our arrival; the famous Tön-Halle of Zürich was the place of meeting.

Under the Presidency of Sanitäts-Rath Dr. Weiss, business matters came first for consideration; and to us the most interesting item was the debate on the financial provision for the next International Homœopathic Congress in Berlin. They do nothing by halves, these German colleagues, and have already begun effective preparation for a great assembly four years hence. Among other medical papers was one by our learned and distinguished friend, Dr. Kranz-Busch, on the Comparative Therapeutics of the *Solanaceæ*. It was a masterly production, and occupied one hour and fifteen minutes in delivery. We trust it, in whole or in part, will find its way into the English journals.

The President, having proposed the writer as a member of this meeting of the Central-Verein, invited him to address the assembly.

The Central-Verein conducted its business with celerity and thoroughness; the discussions on the papers were as interesting and informing as the papers themselves. The work done deserved the social amenities which occupied each evening, chiefest being a reception of the Homœopathic Physicians assembled in Zürich, with their ladies, by Madame Mende, at the charming house of Dr. Mende in the Drei-König-Strasse.

On August 11th the International Council assembled and the delegates present signed the roll. That veteran of American Homœopathy, Dr. J. H. McClelland, headed the list. Dr. Samuel van den Berghe was the representative of Belgium, Dr. Grouleff came from Stockholm, Dr. Gallivardin from Lyons, and Dr. Gustave Sirsch from Vienna. Dr. Richard Haehl, whom we were delighted to see in restored health, together with his eminent and well-remembered colleague, Dr. Kranz-Busch, were the delegates from Germany. Dr. Alfred Hawkes, of Liverpool, our well-

beloved colleague, together with the writer, were the English representatives; while the courtly and urbane Dr. Mende, whose hospitality to the delegates was royal, voiced the requirements of Homœopathy in Switzerland. Letters of regret at non-attendance were received from Dr. Barrantes in Madrid, Dr. Tuinzing in Amsterdam, Dr. Sutherland in Boston; while personal messages to the same effect were sent by Dr. Burwood and Dr. Wheeler, of London.

Dr. J. H. McClelland was elected as Chairman, and Dr. Petrie Hoyle as Minute Secretary to the Meeting. The Chairman gave an inspiring introductory address, in which he emphasized the point that Homœopathy, a scientific and successful method of practice, was experiencing some detent in progress, and had not obtained the recognition proper to its deserts. We were assembled to investigate and deal with the cause. The writer was then called on to read a paper on the Constitution and Objects of the Assembly, together with a review of the available means at disposal for practical work, and a suggested plan of action. Emphasis was given to the absence in our machinery of systematized unification of Homœopathic progress in different countries, and the inspiring spirit of the projected Internationalism in Homœopathy was "Each for all, and all for each."

Dr. Mende, of Zürich, proposed, and it was unanimously adopted, that this address be received and printed in English, French and German, for circulation among the homœopathic societies represented by the members of the Council. It was agreed to invite each country represented at the Council Board to create a working body, *ad hoc*, to link up with the Central Council; each country to have absolute autonomy and entire responsibility for its own methods and expenditure. But this would not preclude subsidies from the Central Council if and when desirable.

The delegates then adjourned to luncheon in an adjoining chamber of the Tön-Halle. Ladies were invited as guests, and international acquaintanceships were made and renewed.

At the afternoon sitting the delegates proceeded at the instance of the Chairman to constitute the organization for the ensuing year. Each country represented was invited to nominate through its own organization a specified number of delegates to the next International Council meeting. Further, it was resolved to communicate with countries as yet unrepresented on the Council, *e. g.*, Brazil, Mexico, the East Indies, Australia, etc., to the same end. An Interim Executive Committee was then elected consisting of Dr. McClelland (America) as President, Dr. Mende (Zürich), Dr. Burford (London), Dr. Sutherland (America); with Dr. Wheeler (London) as Secretary, and Dr. E. Petrie Hoyle as Associate Secretary, to deal with business arising during the coming year and to report to the next annual meeting.

A cordial invitation, conveyed through Dr. S. van den Berghe, of Ghent, was received for the next assembly of the Council in Ghent. Dr. Grouleff (representing Sweden) proposed that the meeting in the ensuing year should be in Stockholm. Dr. Kranz-Busch, representing Germany, urged that the importance of the meeting and the keen interest of the German colleagues justified the acceptance of an invitation to Berlin. Finally it was agreed to accept the suggestion of Dr. van den Berghe, and to arrange for the assembly of the Council next year in Ghent.

Again and again during the conferences of the day the different requirements of the various countries for progress in Homœopathy were vividly stated. Sweden, according to Dr. Grouleff, required furtherance on lines of development quite different from those which, according to Dr. Haehl and Dr. Kranz-Busch, now require to be extended for Germany. In America, educational institutions for homœopathic teaching are numerous; in England the premise and potency of homœopathic education is circumscribed by London; in France this is conspicuous by its absence. So with homœopathic hospitals, the essentials of our progress; in this

country voluntary effort can found these in desirable localities; not so easily in Germany, where official assent is required. Thus the decision was educed that to avoid nebulous or inaccurate views and procedure, the *ad hoc* organization of each country should be invited to study and report in effective detail to the next meeting of Council precisely what is requisite to speed up the homœopathic progress of the country reporting. Sufficient time is thus given for the careful preparation of data and suggestions on which alone the Council can debate and decide.

It was also noted with appreciative point how the experience of one country can be of service to another, *e. g.*, that of Germany, where popular institutions for the maintenance of Homœopathy are more numerous than in any other land. Again that of America, whose effective educational institutions for the teaching of Homœopathy are the admiration of all. It was urged that each country had some special experience in its homœopathic past or present which would be of value at the Council table.

The newly appointed Executive Committee, or, rather, a quorum, met on the day following their election, Dr. McClelland presiding. The pressing business for consideration was how best to convey to the Homœopathic Societies of Europe and America the constitution and aims of the International Council, and also how to foster a keen interest in its being and doing. It was felt highly desirable to amplify the representation of the Council in various countries by some special delegation from the Executive; and to this end Dr. Petrie Hoyle was asked to undertake the functions of special envoy of the Committee, putting himself into communication with the principal homœopathic societies of Europe, and arranging that a visit be paid and a special exposition given to each of these societies in conjunction with the work of the Council delegates in each country. Fifty pounds, in the currency of various countries, was subscribed in the room for travelling expenses, and hints of second subscriptions were generously given. It is in accord with the best traditions of Homœopathy that more effective financial support be given to this all-important missionary enterprise.

Here begins then a new campaign; the coping-stone of all that have gone before. Our cause, like that of Peace, has been enormously hampered by its segmentation into the delimited interests of divers places and peoples. The whole, a great ecclesiastic has said, is sometimes greater than the sum of its parts. President McClelland rightly spoke of some detent, hitherto unprovided for, retarding the continuous advance of Homœopathy. Internationalism, as a continuous activity, is introduced for the first time into our cause, expressly to remove this let and hindrance to its expansion. And with its escutcheon as the round world and all that are therein, let its legend be, "Each for all and all for each."—Dr. George Burford in the *London Homœopathic World*, September, 1912.

NOTABILIA.

Why Sepia Cured.—1. There was *great sadness and much weeping*, and she did not seem to have one happy hour.

2. There was *great indifference to her own family and to old friends. She had lost all interest in life.*

3. In spite of this tearfulness, she would have *fits of anger* when least expected.

4. She would sit in her room shivering all day when menstruating, but *did not crave the open air at any time.*

5. The eruption and intense itching were worse *in the warm room, during the hot months and by the heat of the stove.*

6. She was tormented with constipation and *a feeling of a weight or ball in the anus, which was not relieved by an evacuation.* She had complained of this for many years. ("Brown pills" and physic gave no relief.)

7. She had yellow spots on her face, especially marked *across the bridge of her nose, around the mouth and on the chin.*

8. She had chronic catarrh and would blow *yellowish-green mucus,* or *yellowish-green crusts, sometimes with blood,* from the nose. Often had bleeding of the nose.—*Critique.*

Phosphoric Acid in Neurasthenia.—A chronic, general nervous debility, usually with burning pain in spine and with general apathy; weakness in morning after rising, with apathy; sour eructations after eating; pressure, pain and weight in the pit of the stomach after eating; a crushing, pressive headache in the vertex aggravated by mental exertion; aching as if vertex had been beaten; the hair becomes gray early and falls out, the effect of mental strain; gums bleed easily; diarrhœa, thin, whitish gray, often involuntary stools after excitement; milky urine loaded with phosphates, sometimes containing sugar; scraping sensation in the periosteum of all the bones is often found in tubercular patients; seminal emissions frequent. Stomach symptoms ameliorated by warm food, every draught of air aggravates. The 30th has served me the best. I have also seen good results from Horsford's acid phosphate taken after meals.—Royal, in *Iowa Homœopathic Journal.*

Jottings from the Pacific Coast J. of H.:

Allium satirum.—Coryza, with pressive pains from above root of nose, catarrhal deafness; smarting lachrymation, tickling and raw feeling in throat.

Crinex 30.—Shooting pain from vagina up towards the left ovary.

Bromium 6.—Hernicrania, left side. Pain over left eye and deep in crown of head.

Anagallis.—Itching eruption on fingers. Much pain in fingers and thumb. Gouty swellings on finger-joints.

Agaricus.—Nosebleed in old people, with relaxed state of blood vessels.

Absinthium.—Nervous, excited, sleepless children, tendency to convulsions.

Gratiola.—Sick headache with nausea, disgust of food, giddiness, better in open air. Sensation of heaviness of head and constriction of forehead. Mental depression. Use the 3x potency.

Allium cepa.—Coryza better in open air, but worse towards evening. Profuse acrid discharge, corroding nose and upper lip. Bad effects from getting wet. Very often useful in spring coryza, after damp northeasterly winds.

Arsenicum.—Is well indicated at the climacteric for the "hot flashes" when the face is frequently flushed and there is an accompanying frontal headache in many instances. I have cured many cases with this remedy.—*G. J. Jones.*

Castor equi 3—has been prescribed for psoriasis linguæ of very obstinate character with perfect success on account of its general action on thickening of the skin and epithelium.—*Sieffert.*

Chionanthus for sick headache. A few drops of the tincture taken early will prevent an attack. Taken for several weeks, drop doses, three times daily, will break up the sick headache habit.

Solanum lycopersicum has marked symptoms of rheumatism and influenza. Severe aching pains all over body. Bursting headache, whole head feels sore, bruised after pain has ceased. Pain in back and extremities. *Sharp pain in right deltoid and pectoralis muscles,* also in right elbow and wrist.

Veratrum album is a neglected remedy in pulmonary diseases. It should be remembered when there is a great quantity of mucus in the bronchial tubes that cannot be coughed up, wheezing and coarse rales; the coughing paroxysms are worse at night. Face blue and much anguish. Cold perspiration.

Grindelia.—The cough is at first dry and wheezing, without expectoration and asthmatic. Patient fears going to sleep on account of loss of breath which awakens him.

Iberis amara possesses great efficacy in cardiac diseases. It may prove

of use in the paroxysmal attacks of dyspnœa that are so common in cardiac dilatation and which are so often difficult to cure, that is, to prevent recurring. The first dilution has been used. We lack clinical data in the recorded cases to be found in our literature. In our own experiences we have noted the following facts: When the attacks begin about 2 A. M., the patient being awakened by palpitation or violent action of the heart. No pain. Then comes a tickling in the larynx, then the throat and trachea seem to fill with mucus, which is expectorated as a white, frothy sputum. The cough is severe and causes redness of the face. Then dyspnœa is severe for one or two hours, with profuse sweating of the whole body, with coldness of the lower limbs and of the hands. The patient cannot lie, but sits up slightly bent forward. The main lesion found in the heart is dilation with evidently some hypertrophy.

Gelsemium.—Dr. Van den Burg commends, from his experience, the symptom "pain from throat to ear" as an almost infallible indication for gelsemium in hyperæmic conditions of either throat or ear.

Gymnocladia.—Dr. C. F. Bingaman reported a case of headache in a man, for which belladonna was seemingly indicated, but proved ineffective. The peculiar bluish-white coating of the tongue attracted his attention, and finding this objective symptom in the proving of gymnocladia, he gave it, with prompt relief following.

Xerophyllum tenax (basket grass flower, or mountain lily).—The Indians dig up this plant, bleach its long fibrous leaves, dry them and weave them into small baskets, cups and ornaments. Some people call it squaw grass. At 4,000 feet altitude, scattered over thickly wooded slopes, this evergreen bunch grass-like plant grows most thriftily. After several years a number of stocks shoot up from one set of bulbs, after then the plant rests a few seasons.

In the more abundant places the stock grows three to four feet tall, covered with its hundreds of tube-like flowers of waxy cream tint, almost white. This is the most spectacular flower of the mountains. It grows prettiest at an altitude of over 5,000 feet, where it has shorter stem and better form, but is very scarce. The stock then assumes a wine-color tint on sunny side. On close examination, as well as at a distance, this plant is always a winner.

The drug has been partially proved by some students of Hahnemann College of the Pacific and found to produce marked skin symptoms, resembling those produced by rhus. Erythema, vesication and intense itching, stinging and burning. Skin rough and cracked. Muscular lameness, pain in limbs and knees. Sixth potency.

Bursa pastoris.—An excellent remedy in metrorhagia. The greatest benefit follows the administration of this remedy in cases of passive knowledge generally, not especially in too frequent and too copious menstruation, when this appears in persons of relaxed constitution. If it be given during two or three menstrual periods, it will certainly cure the disposition to profuse bleeding. It is a good remedy for both renal and vesical irritation, at the same time promoting the functional activity of the kidneys to a great extent. The increased flow of bland urine frequently relieves the incontinence of the aged, and especially of old women, who, through irritation of the bladder, kidneys or chronic cystitis, or nephritis, are unable to retain the urine. Amongst the principal indications are frequent desire to pass water, the urine being heavy, with a heavy brick-dust phosphatic sediment. In ascites, astonishing results have followed its use. As it possesses anti-hæmorrhagic properties, it will thus be found of great value in checking hæmaturia.

Hints.—Sometimes constipation is cured by *Opium* 6. Stop the medicine when improvement appears. It is generally indicated when there is no desire for stool.

Pine-apple juice is said to relieve many cases of anorexia, or loss of appetite—in plainer words.

If measles is about give those exposed a daily dose of *Pulsatilla* 3 for

a week or ten days, and the chances are largely in favor of their not getting it.

For simple fever or inflammation of any part *Ferrum phos.* 6x will be found very efficient.

Mygale 30 has been successfully prescribed in choreic cases where there is twitching of the muscles or grating of the teeth when asleep.

Lycopodium 30 has brought comfort to many men in advanced life when there are urinary troubles, or the digestion is disturbed. Take a drop three or four times a week until better.

Kali bichrom. 6x tablets often relieve the ills of fat women—rheumatism and general malaise. About 3 tablets once a day until better.

When the days are hot and the nights cold and you fall ill in consequence try *Dulcamara* 3.

Sour eructations, *Natrum phos.* 3x.

Natrum carbonicum.—For old dyspeptics who are always belching, have sour stomach and rheumatism; are pale, sensitive, chilly, worse least draft, from changes of weather, averse to society. Eruptions on finger tips and knuckles, toes—vesicular eruptions in patches and circles; oversensitive to heat. Use the sixth potency.

Viscum album.—Rheumatism, pains alternate in the knee and ankle, the shoulder and elbow. Congestive nosebleed of tuberculous patients. (Lowers arterial pressure.) Rheumatic deafness. Buzzing in ears. Sciatica, tearing pains, worse cold stormy weather, also when in bed. Use first potency.

Abrotanum is indicated in *marasmus* of children. The emaciation is great, skin flabby and hangs loose in folds; he cannot hold up the head. At the same time with ravenous hunger, yet loses flesh, has lienteric stools or alternate constipation and diarrhœa. A kind of hectic develops—child becomes so weak, cannot stand. Ill-natured, cross, violent, with old, pale, wrinkled face. If diarrhœa is suddenly checked, rheumatic pains develop, or rheumatism alternates with hemorrhoids or dysentery. Use third potency.

ABSTRACTS

Dr. Woods' Statements Concerning the School Children.—So much attention has been given lately to a statement by Dr. Thomas D. Wood, of Columbia University, that not less than 75 per cent. of the school children of the United States need medical attention, that we reproduce the statement in full as follows:

"Careful study of statistics and estimates of all conditions leads to the following personal conclusions:

"From 1½ to 2 per cent., or 400,000, of these have organic heart disease.

"Probably 5 per cent., or 1,000,000, at least, have now or have had tuberculous disease of the lungs.

"Probably 5 per cent., or 4,000,000, have spinal curvature, flat foot, or some other moderate deformity serious enough to interfere to some degree with health.

"Over 5 per cent., or 1,000,000, have defective hearing.

"About 25 per cent., or 5,000,000, have defective vision.

"About 25 per cent., or 5,000,000, are suffering from malnutrition, in many cases due in part, at least, to one or more of the other defects enumerated.

"Over 30 per cent., or 6,000,000, have enlarged tonsils, adenoids, or enlarged cervical glands which need attention.

"Over 50 per cent., or 10,000,000 (in some schools as high as 98 per cent.), have defective teeth, which are interfering with health.

"Several millions of the children possess, each, two or more of the handicapping defects.

"About 100 cities in the United States have as many different kinds of organizations for the care of health in the schools.

"The most important of all our national resources is the health of the people. The most valuable asset in our capital of national vitality is the health of the children.

"Public education is the logical, the strategic and the responsible agency of the nation, of each State and of each community for the conservation and enhancement of child health.

"To become an effective instrument for the protection and promotion of child health, it is essential that the school should not only be a sanitary, healthful place for children, but that the various agencies in public education should be so organized that each pupil may be given the best possible opportunity to escape weakness and disease and far more to realize the attainable best in growth, in development of biologic, intellectual, moral, social and economic power."

Surgery in Epilepsy.—Dr. W. A. Bryan (*South. Med. Jour.*, Apr., 1912) says that certain cases of true epilepsy are curable by operation. The percentage is small—2 to 8 per cent. Certain other cases may be benefited by surgery in reduction either of the number or severity of the attacks—possibly twice the number susceptible to cure. The majority are not benefited at all, and a very small percentage are made distinctly worse. The greater the ancestral taint and the longer the time since the onset of the disease, the less the chance of cure. Epilepsy is not essentially and wholly a surgical condition. Even when surgery is done it should be understood by all concerned that the treatment is only begun, and the most painstaking regulation of the patient's life must be ordered and supervised by competent attendants for a long period of years afterwards. The correction of all traumatic defects at the time of their occurrence, if they could with reasonable assurance be suspected of initiating epilepsy, would prevent many cases of epilepsy.

Tuberculous Lymph-Nodes.—Dr. J. Clark Stewart (*St. Paul Med. Jour.*, July, 1912) writes encouragingly of the value of the x-ray in the treatment of tuberculous lymph-nodes. Since seven years ago he has treated quite a number of cases of discrete nodes of the neck, clinically diagnosed as tuberculous and this confirmed by tuberculin tests. Without softening they have been reduced in size and have remained several years without recrudescence. This experience leads him to urge the x-ray as a substitute for radical removal in early cases at least, this being aided by prompt evacuation of softened nodes and the best hygienic conditions possible. Radical removal is to be reserved for massive advanced cases or for charity work where the time element is important.

The commission engaged in codifying the laws of Ohio concerning children, in addition to their recommendations that dependent children be placed in private homes instead of in institutions and that widows or abandoned wives be pensioned at the rate of $15.00 a month for one child and $7.00 extra per month for each additional child, further recommends that teachers in children's homes must have elementary school certificates and that public schools shall be open to all children in the country homes and other asylums. The report also states that the age limit for the retention of children at children's homes should be changed to eighteen years. In the recommendations affecting the code of the Juvenile Court, the jurisdictional age limit is under eighteen. Physical and mental examinations of children committed by the court shall be made by physicans appointed by the court. It also recommends that when husbands are imprisoned wives shall receive fifty cents instead of forty cents a day. The commission would make medical inspection, which is now permissive in Ohio, "general and compulsory." A plea for a school for crippled children and the extensive addition to the school of feeble-minded and other State institutions for mental defectives is made.—*Lancet-Clinic.*

The Doctor's Decalog.—1. Don't waste your time. Be doing something every minute.

2. Strive to make a good impression. Dress well. Learn to talk well. Be a man among men.

3. Be a courteous professional gentleman, but also a square-deal-giving and a square-deal-demanding business man.

4. Buy books. Subscribe for the journals, and write for them. Attend the societies, and let your voice be heard.

5. Equip yourself with every material thing that will increase your diagnostic and therapeutic power.

6. Don't be ashamed to consult with other men. Give them of your knowledge, and extract from them every fact of possible value to you.

7. Be a real and not a pseudo investigator. Take nothing on faith, but refuse nothing because it is condemned.

8. Make every case a subject for real research work, and leave no fact concerning it unknown that is capable of being uncovered.

9. Shun quackery as you would poison; but ascertain its sources of strength, adding the latter to your store.

10. Wear no man's collar. Let truth, honor and manhood be your only masters.

BOOK REVIEWS.

THE ANIMAL KINGDOM Considered Anatomically, Physically and Philosophically. By Emanuel Swedenborg. Part on the Organs of Generation, and the Formation of the Fœtus in the Womb, after which follow Chapters on the Breasts and the Periosteum. Translated from the Latin by Alfred Acton. 398 pages, 8vo. With 10 anatomical plates. Cloth, $3.00, net. Postage, 20 cents. Philadelphia: Boericke & Tafel. 1912

Boericke & Tafel have a traditional interest in Swedenborgian literature, and are almost as well known in that field as in the literature of homœopathy. The old firm, Dr. F. E. Boericke and Mr. A. J. Tafel, did much effective work in that line, and the Rev. Dr. R. L. Tafel, of London, is well known as one of the best authorities on Swedenborgian philosophy and one of the most critical students and translators of the Swedish sage. Thus it seems natural that the younger firm maintain their interest in this line of work. Like all other treatises from the hand of this man of wonderful ability and acumen, anything like a "review" presumes a vast amount of special knowledge which few of us possess, and to digest any one of the many volumes put out by the great author means close and protracted study. Nor would it be a waste of time to give to the writer all the study to which he is entitled, if a busy man could only do it. It is true that a fair-minded reader gets from Swedenborg an amount of culture which is not easily attainable elsewhere, for the man's mind was full of the most wonderful store of exact information on a large range of topics; but he must be read and studied day after day to do him justice, and that is possible only for the fortunate "few."

The present volume is one of exceptional usefulness and suggestiveness. Like much of the writings of Hahnemann, it not only is up to the time in which it was written but seems to anticipate the future after a truly wonderful fashion. It surely will be welcomed and profoundly appreciated by a large circle of scholarly men and women who have not had, heretofore, a chance to make themselves familiar with it. H. R. A.

AUTOINTOXICATION AND DISINTOXICATION. By Dr. G. Guelpa (Paris). Translated by F. S. Arnold, B. A., M. B., B. Ch. (Oxon). With an Introduction by the translator and a chapter on the Use of the Method in the Treatment of Morphine Addition, by Oscar Jennings, M. D. (Paris). New York: Rebman Company, 1123 Broadway. Cloth, net, $1.25.

There is no question but that autointoxication has much to do with the

development of chronic disease. For many years this was denied but recently the fact is becoming more and more widely recognized. Diabetes is considered by the author as essentially a disease of autointoxication, and it was through his work in the handling of this disease and chronic arthritis that his methods attracted attention. At first, however, the reading of his paper fell upon deaf ears, but certainly if one-tenth of the claims made by him for this disintoxication treatment can be substantiated, it ought to take a place as a classical treatment.

Briefly, to use the author's words, his method consists of withholding food for a number of days, his object by so doing being to "burn up," so to speak, the waste, effete and toxic matters of the body and follow this complete abstinence with active purgation, the object of this being to remove the products of this combustion freely and regularly. Very remarkable results are claimed, the author citing cases where an actual arrest of diabetic gangrene occurred, and parts already cyanosed and insensible returned to normal condition. A case is quoted in which a woman passed as much as 12,320 grains in twenty-four hours. Under the alternate treatment (antipyrin and arsenic in alternation) this had been reduced to 20 per cent. of that amount. Aggravation occurred, however, the urine amounting to 21 pints in 24 hours, and the sugar to 11,704 grains. She was started upon a three days' fast. At the end of the first 24 hours the sugar had fallen to 200 grains, and urine to about 2 quarts. At the end of 48 hours the sugar had completely disappeared. On the fourth day she was returned to a milk diet, and the sugar at once returned as a constituent of the urine.

The book is one that will interest many, and should have a large sale in this country.

THE THERAPY OF SYPHILIS; Its Development and Present Position. By Dr. Paul Mulzer, of Berlin. With a Preface by Prof. P. Uhlenhuth, M. D., Privy Councillor. Translated by A. Newbold. New York: Rebman Company, 1123 Broadway. Cloth, net, $1.50.

Dr. Mulzer discusses the Ehrlich treatment of syphilis very minutely. He takes up the influence of recent research concerning syphilis upon the old-time mercurial treatment asserting that at the present time mercury is the only drug capable of effecting a definite cure. He discusses in detail also a chemical treatment—as he calls it—the chemo-therapy of syphilis, first showing the action and constituents of all the preparations of arsenic and leading up through a discussion of these to an exhaustive treatise on Ehrlich-Hata 606. The list of literature on the subject up to December 1, 1910, is incorporated as a part of the book.

VITAL QUESTIONS: or How Our Foods are Robbed of Their Most Valuable Parts. By Alfred W. McCann. Published by F. M. Barton, Cleveland, O. Thirty-five cents, postpaid.

This will be a helpful monograph to all who are interested in pure food and in getting the nutrition which he should from what is eaten. The author takes up the study from a scientific standpoint, and has produced an up-to-date readable work of real value.

Messrs. Rebman Company, of New York, beg to announce now ready:

1. Surgery of the Brain, Vol. II., by Fedor Krause, M. D., of Berlin.
2. Ophthalmology, Vol. II., by Roemer, M. D.

On the press:

3. Surgery of the Brain and Spinal Cord, Vol. III., by Fedor Krause, M. D.
4. The Disease of the Oral Cavities, one volume, by Zinsser, M. D. 51 colored illustrations (four color process) and 22 (one of which is colored). Illustrations of the Teeth, Spirochetal and Trepenomata.

"that the ice bag is distinctly harmful in appendicitis and should never be used," is the logical deduction of Dr. A. M. Fauntleroy, Surgeon U. S. Navy, basing his opinion upon seventy cases operated.

Like morphine, ice not only obscures the true condition, but decreases Hyperemia, Leucocytosis and encourages stasis in the part to which it is applied. What seems evident in applying ice in inflammation of the appendix must hold true in inflammatory processes where elsewhere manifested.

That hot moist heat is the logical therapeutic agent in treating inflammation must be apparent, as it increases Hyperemia, Leucocytosis and reduces stasis in the part to which it is applied.

The convincing evidence of the convenience, serviceability and above all the reliability of antiphlogistine as a thermic agent in the treatment of inflammation is best appreciable by its application thick and hot to the affected part.

Publisher's Department

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Some Optimists.

The fellow who rocks the boat is an optimist. An optimist is one who takes the most hopeful view of things. Manifestly the fellow who rocks the boat knows that there are only two possible contingencies—either it will capsize and sink or it will not. The boat rocker hopes that it will not—and so he is a true optimist.

One of the most optimistic things a man can do is smoke in a powder magazine. This is almost as optimistic as thawing dynamite in a stove oven, and much more optimistic than helping the kitchen fire with kerosene.

All political parties are organized optimism. A man who votes Republican year after year in the hope that some day the grand old party will precipitate the millennium is certainly optimistic—and so is the fellow who votes on the other side. Socialists are optimists, but among political parties none can approach the Prohibitionists in optimism. They have nothing but hope—not even a chance.

The man who buys green goods or gold bricks is a confirmed optimist. So are the buyers of mining stocks. People who take patent medicines are also inclined to take the most hopeful view of things. So are those who take a drop too much.

The man who puts his head in the lion's mouth at the circus and the man who has a nagging wife are both optimists. One hopes that the lion will not close his mouth —and the other hope that his wife will. Both are apt to be disappointed.

Shooting craps, playing draw poker and betting on the races are all optimistic. So is believing in spiritualism, joining the Masons, and going fishing. But none of these is as optimistic as lending money to a friend.

Lovers are optimistic, and so are all people who go to law. All embezzlers, forgers, pick-pockets and legislators are optimists, for they all take a most hopeful view of their chances of getting caught.

Farmers are optimists and so are automobile manufactuerers. The man who buys an automobile is also an optimist—he hopes that the price of tires and gasoline will go down before he goes broke.

We are all optimists.

Optimism is the commonest thing in the world. It is pessimism that is scarce. A good pessimist is so hard to find that there are thousands of people waiting around to hand him money the moment he appears in sight.

Most of the pessimists there are, are bank presidents. A large part of the remainder of the visible supply are running railroads and trusts. Pessimism pays much better than optimism. The best pessimist in the United States is J. P. Morgan. The only hope he ever indulges in is the hope that the art treasure he has just bought is worth at least half what he paid for it.

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The world is peopled with folks who have great expectations, in other words, optimists. It is run by people who make it a business to see that most of those expectations do not come true. Some people will say that the sentence just before this is pessimistic. All those who think so are optimists.—*Silent Partner.*

A Disguise for Castor Oil.

Put into a tumbler about two ounces of strong lemonade, using nearly half a lemon. Pour in the desired quantity of castor oil. Just as you are ready to give it stir in about one-quarter teaspoonful of baking soda. It will foam to the top of the glass. Have the patient drink it while it is effervescing. Even the oiliness of the dose is not detected.—*Trained Nurse.*

T. Darlington refers to the power of meat broths in stimulating the appetite and the flow of gastric juice. They also contain an abundance of inorganic salts, which play a role in the protein changes of the body. Another abundant constituent is gelatine, which is readily digestible and is a proteid sparer, and at the same time does not form aromatic decomposition products.—*New York Medical Journal.*

In cases of chronic suppurative disease of the middle ear, with perforation of the drum, when the discharge cannot be arrested by appropriate treatment, there is good reason to suspect tuberculosis as the cause.

Continued on page xii

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Mellin's Food, 4 level tablespoonfuls.

Water (boiled, then cooled), 16 fluidounces.

Give 2 or 3 ounces every 2 hours, continuing until the movements are reduced in number to three or four a day, and are improved in character. This may take two or three days, or longer, according to the severity of the trouble. Meanwhile the baby is having enough food material in suitable form, to maintain strength. Then prepare the diet as follows:

Mellin's Food, 4 level tablespoonfuls.

Water, 14 fluidounces.

Skimmed milk, 2 fluidounces.

Give 3 ounces every 2 to 2½ hours.

(Skimmed milk obtained by using from the bottom 16 ounces of a quart of milk.)

In twenty-four hours, if stools do not increase, add two ounces more of skimmed milk, leaving out two ounces of water. Continue to make this change every day or two until the formula is

Mellin's Food, 4 level tablespoonfuls.
Water, 8 fluidounces.
Skimmed milk, 8 fluidounces.
Give 4 ounces every 3 hours.

At this time the fat of the milk should be gradually replaced, and is best done in the following manner: Instead of using from the bottom 16 ounces of a quart of milk, use from the lower 24 ounces, then in two or three days use from the lower 28 ounces; after this take off one ounce less from the quart of milk every few days until whole milk is reached. The Mellin's Food may now be reduced to the regular amount.

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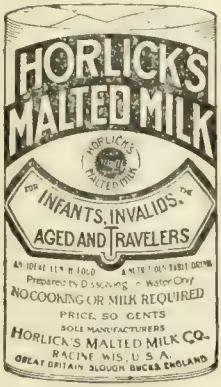

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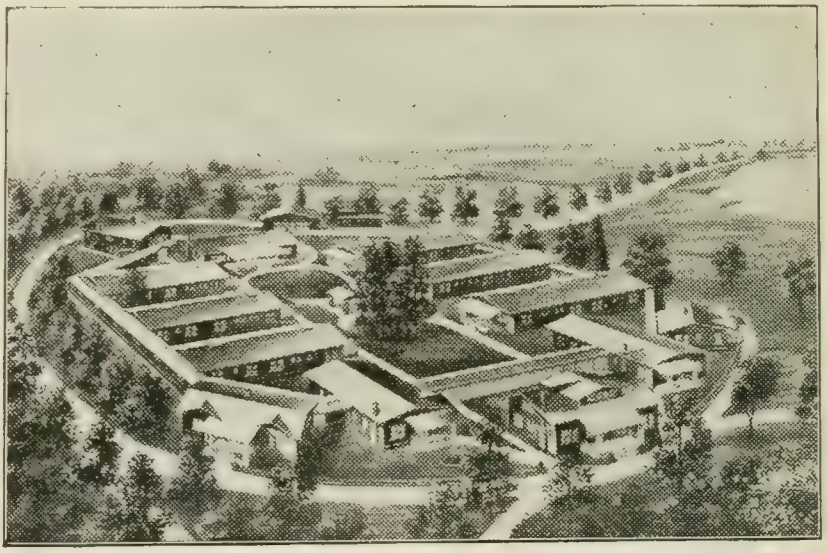

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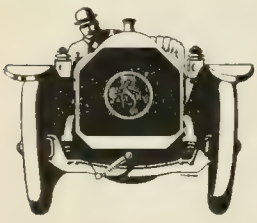

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"Many men dig their graves with their teeth"
therefore, digestive impairment, derangement or difficulty should be promptly and efficiently overcome.

Lactopeptine

is a combination of physiologically adapted enzymes, enzymogenic, activating and stimulating agents, to assist in the proper conversion and digestion of the food.

It promotes secretory and functional activity.
It secures results unobtainable by the use of ordinary mixtures.

Furnished in Powder, Tablet or Elixir.

The New York Pharmacal Ass'n
Yonkers, N. Y.

A Prominent Physician Has Pleasant Experience With Ballardvale Spring Water.

Orange, N. J., July 1, 1912.

Dr. E. S. Barker,
33 Lewis Wharf,
Boston, Mass.

DEAR DOCTOR:—Recently I had a very satisfactory experience with Ballardvale. The patient was a woman about forty years of age. Several years before she had a severe attack of cystitis which kept her in bed several weeks, and since, at frequent intervals, she has had recurring attacks more particularly of urethritis, or dysuria, lasting a day or two. There was no history of venereal infection.

The attack referred to in the opening sentence was especially severe, and I ordered three half-gallon bottles of Ballardvale Water and had the patient begin drinking it at once. The first urination following was almost painless and there was no further dysuria nor any unfavorable or painful symptoms.

These attacks are apt to come on when the woman is very tired or suffers from indigestion. I think it is primarily a digestive disturbance when the urine becomes acid and scalding to a sensitive area about the neck of the bladder. From my experience with Ballardvale in other attacks of this patient and several cases where dysuria was speedily relieved on using Ballardvale, I am convinced that in all of these cases it is a great comfort to the sufferer as well as an aid to the physician, and I do not doubt that the constant use of the Water or at frequent intervals when its use seems indicated would avoid the attacks altogether.

Yours sincerely,

(Signed).....

Ballardvale water now sold in cases of 6 one gallon bottles at $3.50 per case delivered. Special price to physicians.